



Membership Form 2011

New Member

Renewal Member

Date: _____

Name: _____

Title: _____ Organization (if any): _____

Address: _____

City: _____ Zip Code: _____ Phone: _____

Fax Number: _____ Email: _____

My strengths and skills are:

Public Speaking Writing Community Outreach

Writing Grants Providing Food Leadership

Other: _____

Membership Status (per calendar year)

\$30/Year Individual Professional Representing an Agency/Organization

\$10/Year Family Caregiver or Community Member

I am unable to become a member; however I would like to make a donation in the amount of \$_____

I am interested in and would be willing to be on the following task force committee(s):

Caregiving in the Workplace

Caregiver Resource Education Committee

Events

Other: _____

Please make check payable to: CVFCA

Please send check and membership form to: Lisa Wells, ADRC
of Eau Claire County, 721 Oxford Avenue, Room 1550, Eau Claire WI 54703.

Office Use Only

Date Paid: _____

Check #: _____