



Membership Form

New Member
 Renewal Member

Date: _____

Name: _____

Title: _____ Organization (if any): _____

Address: _____

City: _____ Zip Code: _____ Phone: _____

Fax Number: _____ Email: _____

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 \$ _____

Your membership assists with the website quarterly host fees,

Please make check payable to: CVFCA

Please send check and membership form to:

Lisa Wells

ADRC of Eau Claire County

721 Oxford Avenue, Room 1130

Eau Claire WI 54703.

Office Use Only

Date Paid: _____

Check #: _____