ANNUAL MEMBERSHIP FORM

CARE Wisconsin advocates and facilitates deep system change and transformation in our culture of aging. Individuals who share the belief that a culture of aging should be life-affirming, satisfying, humane and meaningful will benefit from membership in this coalition by:

- Creating communication, networking and learning opportunities
- Building and supporting relationships and community
- Identifying and promoting transformation in practice, services, public policy and research
- Developing and providing access to resources and leadership

Annual dues to join CARE Wisconsin:

Individual Membership:

- Professional: $25.00 per calendar year
- Students/seniors (65+):$15.00 per calendar year

Organization Membership:

- Three designated members: $60.00 per calendar year

Member Meetings:

- Date: Third Tuesday of every month, September to May
- Time: 3:00 PM to 5:00 PM
- Location: Varies, please see website for address and directions - **www.carewi.org**

Submit Dues To: CARE Wisconsin
1840 N. Prospect Ave.
Milwaukee, WI 53202

Questions: **info@carewi.org**

INDIVIDUAL MEMBERSHIP

(circle one) Professional / Student / Senior

Name: _____ (Print Last) _____ (Print First)

Title: _____

Organization: _____

Address: _____

_____ (City) _____ (State) _____ (Zip)

Phone: ( ) _____ (Home) ( ) _____ (Work) x _____ (Extension)

Email: _____

ORGANIZATION MEMBERSHIP

Organization Name: _____

Address: _____

_____ _____ _____
City State Zip

Website: _____

Designee #1: _____ _____
Print Last Name Print First Name

Title: _____

Phone: (____) _____ (____) _____ x _____
Home Work Extension

Email: _____

Designee #2: _____ _____
Print Last Name Print First Name

Title: _____

Phone: (____) _____ (____) _____ x _____
Home Work Extension

Email: _____

Designee #3: _____ _____
Print Last Name Print First Name

Title: _____

Phone: (____) _____ (____) _____ x _____
Home Work Extension

Email: _____