



Mission Statement: Our mission is to raise awareness of family and caregiver support needs and increase the availability of and access to services and supports (both paid and unpaid) which will keep people across the lifespan engaged in their community as long as they desire.

Membership Form

Name of Organization (if applicable):	
Last Name:	First Name:
Email:	Phone:
Address:	
Website:	
Facebook or other social media:	

Indicate the Type of Membership

● **Supporting Member** ____

Benefits:

- Recognition as a **Supporting Member** of the WFACSA. Your Name & Company Name will be listed on the Alliance website.
- Receive important information and updates that are relevant to families providing care and other informal caregivers.
- Access to the annual WFACSA Summit.

Responsibilities:

- Be committed to the mission of the Alliance.
- Participate in at least one WFACSA activity or event each year.
- Share WFACSA marketing materials (Alliance Handout) and other information provided to you by WFACSA with partner organizations and the caregivers you work with.

● **Active Member** ____

Benefits:

- Recognition as an **Active Member** of WFACSA. Company Name and/or Logo will be listed on the Alliance website with a link to their agency website.
- Company Name and/or Logo (if applicable) will be listed on marketing and outreach materials.

- Company Name will be highlighted at least annually on the website and Facebook.
- Receive important information and updates that are relevant to families providing care and other informal caregivers.
- Access to the annual WFACSA Summit.

Responsibilities:

- Be committed to the mission of the Alliance.
- Regularly attend Workgroup and/or Steering Committee meetings.
- Participation in planning at least one WFACSA activity each year.
- Share WFACSA marketing materials (Alliance Handout) and other caregiver support information with partner organizations and the caregivers you work with.

How can you/your organization support the mission and goals of the WFACSA?

Please list any other caregiver-related areas that interest you.

The WFACSA has five (5) active workgroups which are listed below. If you are a Supporting Member, please indicate which workgroup you are interested in participating in.

1. **Employer Engagement Workgroup**: Create a more flexible and supportive employer environment for employees who are supporting and caring for family members.
2. **Expanding Respite Options & Providers Workgroup**: Expand the availability of respite services to families who need it.
3. **System Navigation and Access Workgroup**: Improve caregivers' capacity to navigate systems across the healthcare and social services sectors.
4. **Underserved Families Workgroup**: Increase outreach and engagement with Underserved Populations.
5. **Changing the Care Conversation (CTCC)**: Formally a grant-funded workgroup whose membership includes grassroots family caregivers with a focus on advocacy efforts.)

Signature _____

Date _____

Please send completed Membership Applications to lschneider@respitewi.org and bryn.ceman@gwaar.org.
Your application will be reviewed at the next WFACSA Steering Committee which is held on the 2nd Monday of each month.
Thank you for your interest in the Alliance and we look forward to working with you in the future!