

## WFPRHA MEMBERSHIP APPLICATION

**This WFPRHA membership application is for October 1, 2019 to September 30, 2020.**

Membership entitles you to receive: Meeting notices; Legislative updates; Networking with members; Help through various committees (including billing and enrollment issues); Attorney thoughts/advice/recommendations regarding Family Planning issues as it relates to the organizations as a whole; and Reduced-rate conference fees. Please select your membership level below.

### Agency Member: (Total FTE's only, not contract employees)

- Tier 1—Supporting Organizations with FTE's of up to 1.0 \$250.00 ☐  
This includes 1 reduced member at the annual Conference
- Tier 2—Supporting Organizations with FTE's of 1.01 to 2.0 \$350.00 ☐  
This includes 2 reduced members at the annual Conference
- Tier 3—Supporting Organizations with FTE's of 2.01 to 5.0 \$450.00 ☐  
This includes 3 reduced members at the annual Conference
- Tier 4—Supporting Organizations with FTE's over 5.0 \$600.00 ☐  
This includes 4 reduced members at the annual Conference

### Individual Member

Clinicians, administrators and other public health professionals working in the family planning field **not** working for a family planning agency.

\$100.00 ☐

### Honorary Member

Includes State of Wisconsin employees.

Honorary members may participate in membership meetings and be appointed to special committees or projects.

Honorary members may NOT hold positions that require voting privileges (i.e. may not be a director of the WFPRHA board).

\$100.00 ☐

### Supporting Community Member

Example: HCET, WSLH

\$350.00 ☐

### Supporting Industry Member

This includes a reduced table rate at the annual conference.

\$750.00 ☐

### Student Member

\$ 25.00 ☐

**Please make check out to WFPRHA, include this form and send to address below!**

**Amount Enclosed:**

\$

**Number of FTE's in FP program (if Agency Member)** \_\_\_\_\_

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**Wisconsin Family Planning and Reproductive Health Association**  
P.O. Box 1281 Milwaukee, WI 53201  
Email: Susan.Odegard@PPWI.org

# WFPRHA

The purpose of WFPRHA is to provide leadership which supports and enhances the quality of reproductive health care and family planning services to the people of Wisconsin as part of an overall commitment to confidential, affordable and accessible health care.

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**NAME:** \_\_\_\_\_ **TITLE:** \_\_\_\_\_  
**AGENCY:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_  
**CITY:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_  
**PHONE:** \_\_\_\_\_ **FAX:** \_\_\_\_\_  
**E-MAIL:** \_\_\_\_\_

☐ **I support the purpose of the association (which includes access to a full range of contraceptives methods including E.C.), and wish to be a member of WFPRHA.**

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**If Agency Member, list other members you would like included in WFPRHA membership:**

NAME: \_\_\_\_\_ Title: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

NAME: \_\_\_\_\_ Title: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

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