

MEMBERSHIP AGREEMENT FORM

Membership in the Collaborative is open to any person or organization with completion of this membership form and onboarding webinar. Collaborative members are responsible for programmatic outcomes to improve community conditions that lead to healthy birth outcomes in the Milwaukee area. Members use expertise to support, advocate, educate, share, and advise the Collaborative on improving healthy birth outcomes. Members will be requested to re-commit to membership on an annual basis.

CONTACT INFORMATION:

Name: _____ Title (if applicable): _____

Agency/Organization (if applicable): _____

Mailing address: _____

City: _____ State: _____ Zip Code: _____

Work Telephone #: _____ Cell Phone #: _____

Home Telephone #: _____

E-mail (indicate work and/or personal): _____

The best way to reach me is via:

E-mail Telephone Cell Phone/Text

Do you represent the above mentioned organization and/or another organization on the Milwaukee LIHF Collaborative?

Yes, please specify: _____

No, individual membership only

MEMBER INVOLVEMENT: I will be involved in the Milwaukee LIHF Collaborative in the following ways (check all that apply):

I will participate in Quarterly Convenings of the collaborative, and will make a best effort to attend. If I am unable to attend, I will make every effort to send a designee to represent my organization in my place. I understand that there may be additional communication in between meetings via e-mail.

I will participate in a committee. This requires participation in meetings and communications via e-mail or conference call. Descriptions of committees are available online.

Faith Roundtable

- Health Care Access Committee
- Policy, Systems, and Environmental Change Committee
- Strengthening African American Families/Fatherhood and Male Engagement Committee
- Healthy Babies Roundtable

I would like to participate as a member in other ways.

Please choose from the participation options listed below.

I can include Milwaukee LIHF Collaborative information in my organization's newsletter. Specify newsletter name(s): _____

I can link my agency/organization's website to the Milwaukee LIHF Collaborative website. List your agency's URL: _____

I can serve as a link to specific populations for information dissemination, program promotion, advocacy efforts, etc. Specify population(s): _____

I can offer meeting space.

Specify location & meeting room capacity: _____

With conference call capabilities

With Webinar capabilities

Other, please specify (e.g., refreshments, resources, etc.): _____

I would like to help in another way or clarify the above information. Please tell us: _____

I am unable to be an active member at this time, but would like to remain on the Milwaukee LIHF Collaborative email list to receive regular communications and updates. I understand that I will not be considered an active member.

VERIFICATION OF MEMBER ONBOARDING

I have attended in-person or viewed online the Membership Onboarding presentation.

Yes

No

N/A

DEMOGRAPHIC INFORMATION: Please share some information about yourself. The information you provide is confidential!

1. Your gender: Female Male Transgender Other

2. Your age:

0 – 3

4 – 5

6 – 11

12 – 17

18 – 24

25 – 34

35 – 44

45 – 54

55 – 64

65 – 74

75 – 84

85 – 94

95 and older

3. How would you describe yourself? (Check one)

- | | |
|---|---|
| <input type="checkbox"/> African American/Black | <input type="checkbox"/> Multi-racial |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Native American |
| <input type="checkbox"/> Caucasian/White | <input type="checkbox"/> Native Hawaiian/Pacific Islander |
| <input type="checkbox"/> Hispanic/Latino | <input type="checkbox"/> Other |
| <input type="checkbox"/> Middle Eastern | |

4. Household Income:

- | | |
|--|--|
| <input type="checkbox"/> \$0 - \$9,999 | <input type="checkbox"/> \$37,000 - \$49,999 |
| <input type="checkbox"/> \$10,000 - \$14,999 | <input type="checkbox"/> \$50,000 - \$74,999 |
| <input type="checkbox"/> \$15,000 - \$24,999 | <input type="checkbox"/> \$75,000 or more |
| <input type="checkbox"/> \$25,000 - \$36,999 | |

5. What zip code do you live in?

Return completed form to Marcia Blackman, Project Coordinator, via email (mblackman@unitedwaygmwc.org), fax (414-263-8154) or mail (United Way of Greater Milwaukee & Waukesha County, Attn: Marcia Blackman, 225 W. Vine St., Milwaukee, WI 53212).