



Membership Form

Organization				
Primary Contact*				
Address				
City	State:		Zip:	
E-mail				
Phone				
Alternate Contact	E-mail:			

* The primary contact will be able to vote on Coalition matters. If the primary contact is unable to cast a vote, then the Alternative Contact may serve as a proxy.

Type of membership with *covering kids & families*:

- Organization
 - Please add the organization to the coalition members on the *covering kids & families*' letterhead.
- Individual Member

Type of organization you represent (check all that apply):

- | | | | |
|---|---|--|--------------------------------------|
| <input type="checkbox"/> Advocacy | <input type="checkbox"/> Agency (local) | <input type="checkbox"/> Agency (state) | <input type="checkbox"/> Association |
| <input type="checkbox"/> Business | <input type="checkbox"/> Education | <input type="checkbox"/> Elected official | <input type="checkbox"/> Faith-based |
| <input type="checkbox"/> Health care provider | <input type="checkbox"/> Health Plan | <input type="checkbox"/> Non-governmental service provider | |
| <input type="checkbox"/> Labor Union | <input type="checkbox"/> Coalition | <input type="checkbox"/> Other (describe) _____ | |

Constituency: With whom do you have contact or special interest? (check all that apply):

- | | | |
|---|--|--|
| <input type="checkbox"/> Low-income children/adults | <input type="checkbox"/> Dislocated Workers | <input type="checkbox"/> Low-income families |
| <input type="checkbox"/> Elected officials | <input type="checkbox"/> Social service agencies | <input type="checkbox"/> Community at large |
| <input type="checkbox"/> Employers | <input type="checkbox"/> Workers | <input type="checkbox"/> Other _____ |

Indicate any *covering kids & families*' committees you are interested in working on:

- | | |
|--|---|
| <input type="checkbox"/> Steering Committee | <input type="checkbox"/> Outreach Committee |
| <input type="checkbox"/> Public Policy Committee | |

Please download and complete this form and return via e-mail to info@ckfwi.org;
or print and complete the form and mail to:

covering kids & families
 1305 Linden Drive, 3rd Floor Middleton Building
 Madison, WI 53706

608-261-1455 www.ckfwi.org