



Wisconsin Personal Services Association, Inc. W.P.S.A.

840 Enterprise Dr., Suite #2
Slinger, WI 53086
Web Address: www.wpsa.us

Membership Enrollment Form
Annual Dues 7/1/10 through 6/30/11
\$400.00

Applicants: Please complete both sides of the enrollment form as completely as possible.

Organization Information:

Organization Name _____ Website/URL _____
Address _____ City _____ State _____ Zip _____
Phone _____ Fax _____

Primary Contact: *(Designated by your organization to have WPSA voting rights)*

First Name _____ Last Name _____
E-Mail _____ Position _____
Complete the following only if different from above:
Address _____ City _____ State _____ Zip _____
Phone _____ Fax _____

Secondary Contact: *(Designated by your organization to have WPSA voting rights)*

First Name _____ Last Name _____
E-Mail _____ Position _____
Complete the following only if different from above:
Address _____ City _____ State _____ Zip _____
Phone _____ Fax _____

Other Organization Members: *(No WPSA voting rights, but will receive WPSA correspondence and included on membership list.)*

<u>Name</u>	<u>Title / Credentials</u>	<u>E-Mail Address</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Referral Information: *(For New Members Only)*

How did you hear about WPSA? _____
Please specify who, if applicable (First name, Last Name) _____

Please Complete The Following So WPSA May Better Serve You!

Type of Organization: (Please Check All That Apply)

<input type="checkbox"/> Private, Not for Profit Agency	<input type="checkbox"/> Medical Assistance Personal Care	<input type="checkbox"/> Family Care
<input type="checkbox"/> Private, For Profit Agency	<input type="checkbox"/> Home Health	<input type="checkbox"/> Partnership
<input type="checkbox"/> Public, Governmental Agency	<input type="checkbox"/> Private Duty Nursing	<input type="checkbox"/> Self-Directed Supports / IRIS
<input type="checkbox"/> County Agency	<input type="checkbox"/> Residential	<input type="checkbox"/> Vocational
<input type="checkbox"/> Managed Care Organization	<input type="checkbox"/> Case Management	<input type="checkbox"/> Other _____

Client Target Group:

<input type="checkbox"/> Aging / Dementia	<input type="checkbox"/> Developmental Disabilities	<input type="checkbox"/> Mental Health	<input type="checkbox"/> Corrections / AODA	<input type="checkbox"/> Other _____
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Operational Statistics:

Number of Clients Served _____	Number of Direct Caregivers _____
Other Professional Memberships / Associations (Please list) _____	

How Can WPSA Better Meet Your Needs???

Please take a moment to tell us how we can make your membership with WPSA better, whether it be a conference idea, a thought on strategic planning, a desire for deeper personal involvement, or anything else, we want you to get the most from your membership. Your thoughts, requests and feedback will be given the utmost consideration.

Thank You!!!

Please return this application with a check for \$400.00 for your WPSA Membership to:

WPSA
 Dawn Schicker
 Administrative Asst.
 840 Enterprise Dr. Suite #2
 Slinger, WI 53086

E-Mail:
dschicker@geminicares.com

Phone: (262) 644-7480



For additional information, please visit our website at:

www.wpsa.us

Questions?

Amy Weiss
 WPSA Treasurer
 840 Enterprise Drive
 Slinger, WI 53086

E-Mail:
aweiss@geminicares.com

Phone: (262) 644-7480