



# Wisconsin Personal Services Association

Revised 6/11

## Membership enrollment form

Annual Dues 7/1/11 through 6/30/12

**\$400.00**

### Organization Information

Name _____	Website _____		
Address _____	City _____	State _____	Zip +4 _____
Phone Number _____	Fax Number _____		

### Primary Contact (Designated by your organization to have WPSA voting rights and e-alerts)

Name (First and Last) _____	Position _____
E-Mail _____	Phone Number _____

### Secondary Contact (Designated by your organization to have WPSA voting rights and e-alerts)

Name (First and Last) _____	Position _____
E-Mail _____	Phone Number _____

### Referral Information (For new members only)

How did you hear about WPSA? _____
_____

**Type of Organization** (Please check all that apply)

- Private, not for profit agency
- Private, for profit agency
- Public, Governmental agency
- County agency
- Managed Care Organization
- Medical Assistance personal care
- Home Health
- Private Duty Nursing
- Residential
- Case Management
- Family care
- Partnership
- Self-Directed Supports/ IRIS
- Vocational
- Other

**Client Target Group:**

- Aging/ Dementia
- Developmental Disabilities
- Mental Health
- Corrections/ AODA
- Other

**Operational Statistics:**

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

**Thank You!**

**Please mail membership and payment to:**

WPSA  
 Laurie Lane  
 540 S. 1<sup>st</sup> Street  
 Milwaukee, WI 53204  
 414-226-8361  
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414-226-8341  
[greimer@independencefirst.org](mailto:greimer@independencefirst.org)  
 Amy Weiss, WPSA Treasurer  
 262-644-7480  
[aweiss@geminicares.com](mailto:aweiss@geminicares.com)

**Questions:**

Ginger Reimer, WPSA President