



Membership Invitation for Organizations

Welcome to the Wisconsin Alliance for Women's Health!

We understand that healthy women are essential to a healthy Wisconsin. We are therefore dedicated to advancing Wisconsin women's health. We hope you are, too, and that your organization will join the Wisconsin Alliance for Women's Health (WAWH). Member benefits include regular updates and alerts on legislative initiatives affecting women's health, access to resources and tool kits, and opportunities to network and share information with other WAWH member organizations.

About Your Organization

Organization: _____
Address: _____
City, State, ZIP: _____
Main Phone: _____ Main Fax: _____
Web Site: _____ No. of Members: _____
Mission/Priorities: _____

About the Primary Contact

Contact Name: _____ Title: _____
Contact Phone: _____ Contact Fax: _____
Contact Email: _____

Organizational Areas of Interest

Please indicate the issues in which your organization is interested (check all that apply).

- Birth control/pregnancy options
Domestic violence/sexual assault
Healthy communication with teens about sexuality and health
Mature health care
Perinatal/prenatal care
Preventive health care
Reproductive health care
Responsible sexuality education in schools
Teen health care
Access to health care services/information
Health care coverage and affordability
Health care equity
Health care quality
Medical privacy
Rural health care
Other(s): _____

Level of Involvement and Participation

Please indicate the ways in which your organization would like to be involved (check all that apply).

- Be listed publicly as an organizational member endorsing and supporting WAWH
Sign up to receive WAWH email alerts and information (to be emailed to primary contact listed above)
Disseminate information to your organizational members/constituents about the importance of women's health and the work of WAWH
Mobilize your organizational members/constituents to act in support of women's health
Share your organization's knowledge and expertise with other WAWH members
Nominate a representative to serve on the WAWH Action Team or Guidance Team

An online version of this application and much more information about WAWH are available at www.SupportWomensHealth.org. Please direct questions and completed applications to Sara Finger at sara.finger@wiawh.org or use the address, phone and fax numbers below. Thank you!