

Name: _____ Date: _____



FOOD ALLERGY ASSOCIATION OF WISCONSIN, INC.

Membership Agreement

Please initial each line

_____ I understand that the Food Allergy Association of Wisconsin, Inc. (FAAW) is not a professional or medical organization. It is a group of parents sharing information and supporting each other. The FAAW discussions, meeting minutes, handouts, speakers, agendas and other products and information provided do not constitute medical and/or legal advice and should not be relied upon as such.

_____ I authorize the use, copyright, or publication of my child's/self/family's name, image or voice as may be captured by photographer or recording while participating in events and related activities in any medium for any purpose, including illustration, promotion or advertisement

_____ I understand that discussions at meetings or social gatherings may include information about members' children. I agree to keep such information confidential and not share information regarding specific families or children to non-FAAW members.

_____ I have reviewed and agree to abide by FAAW Bylaws.

_____ I agree to not use any member's information for solicitation purposes.

_____ I have paid membership dues of \$10 for Full Membership

OR

_____ I have **NOT** paid membership dues and would like to have an Associate membership, and by doing so I understand that I may not have access to all printed materials and resources.

OR

_____ I have met the requirements of Full Membership Sponsorship
(must be Board approved)

Information Form

Subsequent information forms will be completed each year and previous years documents destroyed. You have the option of removing your information for any reason at any time.

* required information

*Name of Parent(s)/Caregivers		
*Address		
*City, State, Zip		
Home Phone/ Cell Phone		
*Email Address		
Allergist		
*Allergies		
School District/ School Name		
How did you hear about FAAW?		

TO SUBMIT FORM

- (1) Print and mail to: FAAW: 2722 Union Street; Madison, WI 53704
- (2) Enter the information, save it as a new document, and email to Sheree` at sheree@foodallergywis.org
- (3) **Wausau Group:** Can mail form to FAAW - CW or email Jen@foodallergywis.org