

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](mailto:sheree@foodallergywis.org)
- (3) **Wausau Group:** Can mail form to FAAW - CW or email [Jen@foodallergywis.org](mailto:Jen@foodallergywis.org)