

Wisconsin Faith in Action Network 2020 Membership Agreement

Benefits of being part of the WIFIAN:

- Support and shared information provided by other WIFIAN programs
- Members only education and networking opportunities
- Access to a variety of resources
- Development and maintenance of WIFIAN website
- Reduced registration fees for state meetings
- Best Practices for Sustainable Programs
- Shared grant / resource development opportunities



WIFIAN members agree to:

- Commit to the 5 building blocks
 - Interfaith, Volunteer, Caregiving, Long-term health needs, home based
- Support other members of the network by sharing resources
- Strive for best practices and standards
- Actively participate in state and regional meetings, and or communications
- Keep contact information up to date
- Pay appropriate level fees
- Accurately complete yearly reporting surveys for membership data

Membership Categories and Dues (Based on 2019 Yearly Budget)

- | | |
|---------------------------|-------|
| • Less than \$50,000 | \$25 |
| • \$50,000 to \$99,999.99 | \$50 |
| • \$100,000 to \$250,000 | \$100 |
| • Greater than \$250,000 | \$250 |

Please return form with payment to:

Jackson County Interfaith Volunteers - Comment – WIFIAN in memo please

PO Box 354

Black River Falls, WI 54615

Any questions or concerns, please contact Lori Chown at 715-284-7058 or email lchown@jcivc.org.

Thank you.

WIFIAN Membership Agreement and Statistics

Thank you for joining the WIFIAN. Together we are stronger! This year we will be holding two conferences: One on May 14th in Black River Falls and one in September or October. As a member of WIFIAN you are invited to both conferences. Our goals for 2020 include assisting agencies in Volunteer Recruitment, developing a joint marketing plan, and researching additional joint funding sources. Your input is very valuable. In addition to this form, please email us a copy of your annual report. Data gathered from this agreement is used to write for and report on grants. Please be accurate.

Agency Name: _____

Agency Address: _____

Agency Phone Number: _____

Website and Email: _____

Budget for your fiscal year that ended in 2019: _____

Total number of volunteers in 2019: _____

Total number of care receiver in 2019: _____

Total number of volunteer hours in 2019: _____

Listing of volunteer activities with approximate number of hours for each program:

I certify that the above information is accurate to the best of my knowledge.

Person Completing Form: _____

Signature and Title of Person Completing Form: _____

Person Verifying Form: _____

Signature of Board Member Verifying: _____