

Membership Form

WisPQC

Please email your organization's logo in .jpg format to wapc@perinatalweb.org. Membership will not be confirmed without the ability of the WisPQC to use your organization's logo on WisPQC materials.

Official name of organization as you would like it to appear in WisPQC materials:

Organization Web site address:

Organization mailing address:

Street/P.O. Box

City/State/Zip Code

Name of designated representative who will be attending monthly meetings, via Webinar or face-to face:

Name:

Email:

Phone:

Name of possible alternate/s who may be representing your organization instead of the designated representative:

Name of alternate	Email	Phone number/s

Signature of staff with authority to commit membership of your organization:

Signature

Printed

Date

Send to: WisPQC
c/o Wisconsin Association for Perinatal Care
211 S. Paterson Street, Suite 250
Madison, WI 53703
Email: WisPQC@perinatalweb.org
Phone: 608-285-5858