

2017-2018 Membership Registration Form

HealthWatch Wisconsin, Inc.

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HealthWatch Wisconsin, Inc. is an organization promoting access to health care coverage and services. HealthWatch Wisconsin provides communications and training methods to a broad spectrum of the healthcare workforce to empower and amplify statewide efforts to better assist people and connect them with healthcare coverage. Your membership more than pays for itself:

Member/Subscriber Benefits:

- FREE Live, in-person workshops (a \$150 value!)
- Comprehensive online video trainings
- Publications, fact sheets, and resources
- Comprehensive newsletter and discussion of current events

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Select a Membership/Subscriber Level (please select one)

Individual: Membership (\$55) Subscriber* (\$55)
Organizational (up to 3 people): Membership (\$160) Subscriber (\$160)

Name: _____

(If you are registering as an "Organization" please include the name and position of your **main contact person**)

Title: _____

Employer: _____

Mailing Address: _____

(include ZIP) _____

Phone: (_____) _____

Email: _____

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Payment Method (please select one)

Invoice email PDF (contact above) mail (address above) use alternate address (below)

Attn: _____ Phone: (_____) _____

Email/Mailing Address: _____

Check (made payable to "HealthWatch Wisconsin")

Credit Card: Name as it appears on the card: _____

Credit Card Number _____ Exp. Date: _____

Credit Security Code (MC/Visa: 3 digits on back; AmEx: 4 digits on front) _____

Billing Address: _____

You may also complete a credit card payment over the phone by calling

1-800-585-4222 ext. 215

FAX THIS FORM to (608) 261-6938; ATTN: HWW Membership

MAIL THIS FORM to ABC for Health; ATTN: HWW; 32 N. Bassett St., Madison, WI 53703

QUESTIONS? Please contact Ryan at 1-800-585-4222 ext. 215 or email rstasell@safetyweb.org

**Appropriate for those not able to join a "membership" organization because an agency restricts participation. Receive nearly all the same benefits as a member. Some restrictions apply.*