



Survival Coalition

of Wisconsin Disability Organizations

P.O. Box 7222, Madison, Wisconsin 53707

Membership Request Form

Membership requests can be submitted by organizations holding values consistent with our vision, mission and principles.

Vision Statement

The Survival Coalition of Wisconsin Disability Organizations is committed to creating a society in which:

- People with disabilities of all ages receive the services and supports needed, throughout their life span.
- People with disabilities can choose to live their lives as they wish and be full participants in community life.

Mission Statement

The Survival Coalition of Wisconsin Disability Organizations will be a leader in influencing policymakers and the process about resource allocation, laws, and policies which will advance our Vision.

Principles

1. Survival Coalition is a cross-disability coalition which works in partnership with local organizations, coalitions, consumers, advocates, and families throughout the state and makes intensive efforts to ensure that our priorities promote and advance the interests of people with disabilities and their families.
2. Survival Coalition will promote policies, programs, and practices that advance integrated, individualized, community-based supports and services.

What Member Organizations and Coalitions can expect to receive from the Survival Coalition:

- The “strength in numbers” and coordinated action benefits of being part of the strongest and most visible cross-disability coalition in Wisconsin.
- Timely email communications regarding new developments in the political and policy area that affects people with disabilities and their families.
- Copies of all Survival Coalition position papers.
- An opportunity to have input on all important positions taken by the Survival Coalition.
- Invitation and inclusion in all local and regional meetings convened by the Survival Coalition.

Member Organization Commitment:

As a member organization or coalition we will support the vision, mission, and principles of the Survival Coalition of Wisconsin Disability Organizations. We understand that this includes a commitment to ensure that all actions of our organizations or coalition are consistent with the values of Survival Coalition.

Signature Title

Membership Application

Name: _____

Organization: _____

Address: _____

Telephone: (____) _____ - _____

E-mail address _____@_____

Organizations with budgets of:

\$5,000.-\$300,000. — pay **\$100.00**

\$301,000.-\$500,000. — pay **\$250.00**

\$501,000.-\$750,000. — pay **\$500.00**

Above \$750,000.— pay **\$1000.00**

AMOUNT DUE: \$ _____

**Make check payable to
Survival Coalition**

Thank you!

Survival Coalition, Attn: Fil Clissa,
PO Box 7222 Madison, WI 53707