



2025 Membership Information

Please complete this form when you make your annual contribution.
Commit to as many or as few tasks as you choose, then please plan your schedule accordingly.
And, please add WSA meetings to your calendar—we love to visit in person.

Name _____ Email _____

Phone _____ Donation Amount _____

Mailing Address _____

Preferred Level of Involvement

___ Donation only

___ Limited committee involvement: One or two short-term tasks. Choose tasks below:

___ Operations Committee

___ help to determine meeting schedule and type

___ take notes at one meeting

___ coordinate an event or activity

___ review recent research to identify ideas WSA might adopt or adapt

___ Grants Committee

___ review online and print materials about grants for revisions/improvements: Immediate

___ help to create outreach materials for potential grantees: Immediate

___ help to develop/present workshop for potential grantees: August

___ review and rate grant applications: Late September to middle of October

___ join in-person award discussion meetings

___ Grants Committee

___ brainstorm outreach ideas

___ create outreach materials

___ conduct new member outreach

___ Volunteer liaison to a grantee

___ Full committee involvement: Act as co-chair for a year. Choose committee below:

___ Operations Committee

___ Grants Committee

___ Membership Committee