



Northwoods Coalition (NWC) Membership Packet Request Form

All materials listed are available on the NWC website: www.northwoodscoalition.org/home/membership. Please complete the form below if **multiple** copies are needed. Copies will be printed and mailed to the address indicated below.

Please complete all *required fields. If any of the fields are incomplete, the processing of the request may be delayed.

*Date of Request: *Date Needed By:

*Requested by (First & Last Name):

*Mail to (Agency):

*Attn (First & Last Name):

*Mailing Address:

*City: *State: *ZIP:

*E-mail: *Phone:

*Are these Copies Needed for an Event? Yes No

*If Yes, please indicate name and date of the event:

*Document	*Quantity Needed:
<input type="checkbox"/> AODA Acronym Handout	<input type="text"/>
<input type="checkbox"/> NWC Annual Report (Bound Copy)	<input type="text"/>
<input type="checkbox"/> NWC Board of Directors List	<input type="text"/>
<input type="checkbox"/> NWC By-laws	<input type="text"/>
<input type="checkbox"/> NWC Meeting and Training Schedule	<input type="text"/>
<input type="checkbox"/> NWC Membership List & Map	<input type="text"/>
<input type="checkbox"/> Welcome Letter from Alliance for Wisconsin Youth (AWY) Staff	<input type="text"/>
<input type="checkbox"/> Welcome Letter from NWC and Marshfield Clinic	<input type="text"/>
<input type="checkbox"/> Other <input type="text"/>	<input type="text"/>

****Please allow at least 3 weeks for processing and mail delivery****

Send completed form to: Tammy Neumann at neumann.tammera@marshfieldclinic.org or Marshfield Clinic, Attn. Tammy Neumann, 1000 North Oak Ave. (F1C) Marshfield, WI 54449