



1533 RiverCenter Drive, Milwaukee, WI 53212  
Phone (414) 765-9355 • Toll-free (866) 228-5670  
Fax (414) 765-0996  
[www.famallies.org](http://www.famallies.org)

## **Fight Asthma Milwaukee (FAM) Allies Membership Agreement**

FAM Allies began with the powerful idea that better care could be provided to people with asthma through partnerships in healthcare, government, and community.

**Vision:** FAM Allies envisions our community of people with asthma and their families having excellent quality of life and the lowest asthma hospitalization rate of any large city in the Midwest.

**Mission:** FAM Allies works together with the asthma community, connecting caring people, reducing hospitalizations, and supporting healthy lives to:

1. Increase the quality of life for those affected by asthma.
2. Decrease asthma emergency room visits and hospitalizations.
3. Decrease missed childcare, school, and work from asthma.
4. Achieve equality in asthma outcomes.
5. Develop a sustainable strategy for asthma control in Milwaukee.

**Values:** Our core values and guiding principles are to:

1. Pursue concrete, attainable goals.
2. Include diversity in membership.
3. Foster mutual respect, understanding, and trust.
4. Facilitate collaborative partnerships in activities.
5. Build on strengths and resources in the community.
6. Promote learning and empowerment that addresses social inequities.
7. Disseminate knowledge and findings to all partners.

Coalition goals will be reached through the interactions and programming of

### **seven committees:**

Care Coordination Case Management  
Clinical Quality Improvement  
Environmental  
Family and Community Education  
Parent Neighborhood Organizing  
Surveillance and Evaluation  
Steering



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## Fight Asthma Milwaukee (FAM) Allies Membership Form

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Organization (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone(s): \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

\*Contact information can be shared with FAM Allies members.

### Please indicate which FAM Allies Committee you would like to participate in:

- Care Coordination Case Management
- Clinical Quality Improvement
- Environmental
- Family and Community Education
- Parent Neighborhood Organizing
- Surveillance and Evaluation
- No Committee; General Coalition Membership

I would like to make the following contribution to support FAM Allies community education:

- \$10       \$50
- \$20       \$100
- \$30       write in \_\_\_\_\_

In addition to FAM Allies membership, I would like to also be a member of the Wisconsin Asthma Coalition (WAC).

As a member of FAM Allies, I endorse the vision and mission of the coalition.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_