



## COMMITTEE VOLUNTEER FORM

The Home Care Association of Washington has many working committees that are essential to our success as an organization. Please add your name to the list to take a part in one or more of the committees listed below.

Contact Information		
Contact Name:	Company Name:	
Phone:	Email:	
Business Address:		
City:	State:	Zip:
I would like to serve on the following committee(s): <ul style="list-style-type: none"> <li><input type="checkbox"/> Annual Meeting/Education</li> <li><input type="checkbox"/> Membership</li> <li><input type="checkbox"/> Policy</li> <li><input type="checkbox"/> Diversity, Equity &amp; Inclusion</li> <li><input type="checkbox"/> Other</li> </ul>		

### Annual Meeting/Education Committee

Responsible for planning, developing, and promoting an annual meeting in the spring of each year. Help us plan and implement education that serves all HCAW member agencies and their staff at every level.

### Membership Committee

Develop innovative ways to attract new members as well as retain current members. This committee reviews and recommends programs for membership recruitment, investigates and recommends membership benefits, is responsible for reviewing and approving applications for membership based on established criteria, and may make recommendations to the Board for membership categories and criteria, and changes in dues structure.

### Policy Committee

Develop HCAW’s 2019-20 legislative agenda and action plan for state and federal issues, and participate in monitoring and discussing legislative and regulatory proposals during Legislative Session and beyond.

### Other

Want to be involved but none of these fit you? Check “Other” and HCAW staff will contact you regarding other important opportunities.

### RETURN FORM TO

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