

WISCONSIN MUNICIPALITIES HEALTH CARE TRUST

COMMUNITY_____

YOUR NAME_____

EMAIL_____

LEVEL OF INTEREST 0 TO 10 WITH 10 BEING THE HIGHEST_____

DOES IT REQUIRE COUNCIL/BOARD APPROVAL_____

DOES IT NEED UNION APPROVAL_____OR WHAT PROVISIONS ARE
THERE IN YOUR UNION AGREEMENT?

IF ALL APPROVALS ARE IN PLACE AND THE TRUST IS FORMED AND ALL GOES
WELL, HOW SOON COULD YOUR COMMUNITY SIGN ON TO JOINING THE
TRUST?

WHAT DO YOU SEE AS THE NEXT STEP?

PLEASE RETURN THIS FORM BEFORE LEAVING