

WECA Member Incentive Program Tracking Form

Name: _____ Member ID Number: _____

Address: _____

City, State, Zip: _____

E-mail address: _____ Phone: _____

LIST/DESCRIBE THE ACTIVITY	DATE COMPLETED	POINTS EARNED
Renew your membership		5
Serve as a mentor to a new member Name of protégé and 2 things you did as mentor _____ _____ _____		5
Sign colleagues up as WECA Program Associates Names of Associates _____ _____ _____		5
Attend WECA annual conference One highlight of conference for you _____ _____		5
Attend another WECA training Title, date, location, presenter, one highlight _____ _____ _____ _____		5
Take action based on an action alert [*Earn 2 points each time you act upon action alert] Date, topic, who you contacted _____ _____ _____		2*
Present a workshop or training for WECA or an affiliate Event, topic, date, number attending _____ _____ _____		15
Lead a WECA book club discussion online Book, dates _____ _____		15

LIST/DESCRIBE THE ACTIVITY	DATE COMPLETED	POINTS EARNED
Serve on WECA Affiliate Leadership Group or Member Advisory Council Position, dates _____ _____		20
Serve as an officer of your local affiliate or WFCCA Position, dates _____ _____		20
Serve on a committee for WECA or your affiliate Position/dates _____ _____		10
Help at local meetings (host, greet, provide refreshments) [*2 points per meeting] Dates, what you did _____ _____		2*
Attend meetings of your affiliate [*1 point per meeting] Dates, locations, topics _____ _____ _____		1*
Post a comment on WECA's blog or Facebook page [*1 point per comment] Topics, dates _____ _____ _____		1*
TOTAL POINTS EARNED		

Signature

Date

Print Name

Thank you for being an active member of WECA and your local affiliate. Your help makes WECA stronger.

Submit the completed form to WECA by e-mail attachment (weca@wisconsinearlychildhood.org; fax (608-663-1091); or mail (WECA, 744 Williamson St. Madison, WI 53703). You will be contacted about redeeming your points.