



The Business Recovery Planners Association of Southeastern Wisconsin (BRPASW) is an independent professional association of people employed in all aspects of disaster recovery, continuity and business planning. We are a not-for profit association dedicated to providing educational opportunities, networking with peers and the exchange of information about business continuity issues.

MEETINGS

BRPASW meets on the second Tuesday of the month from 1:30 to 3:30 p.m. Meetings are held 9 times a year - January through June and September through November at various locations in the Milwaukee Area. The meeting format usually includes a brief business meeting followed by an educational program. The June meeting is a lunch meeting and includes a mock disaster exercise.

MEMBERSHIP INFORMATION

Membership is open to all professionals interested in business continuity planning, disaster recovery, crisis management and related fields. A membership fee of \$120 for corporate or \$48 for an individual are assessed annually. Individual memberships allow the registered member to attend meetings. Corporate memberships allow as many people as desired from the registered company to attend meetings. Membership fees are prorated based on the month you send in an application. Prorated fees are 1/12 the annual fee for each month you are a member of the current calendar year. (i.e. if you join in June as a Corporate member your membership fee for this year would be \$84.00 – 7 months remaining in the current year times 1/12 the annual fee or \$12 per month.)

A guest may be invited for a one time fee of \$10.

MEMBERSHIP APPLICATION

Please forward a completed Membership Application form, a signed Code of Ethics, and a check made payable to BRPASW for the amount noted as described above). Send the above to the Post Office Box noted on the Application Form or bring in person to the next meeting.

Once processed you will begin receiving e-mail meeting notices, meeting minutes, access to the Membership portion of the BRPASW Web Site, and other pertinent information.



Business Recovery
Planners Association of
Southeastern Wisconsin

P.O. Box 211
Milwaukee, WI 53201-0211

Membership Application

Date: _____ Member Name: _____

Title: _____

Company Name: _____

Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____ Email: _____

Corporate Membership: Please names and email addresses of additional members.

Name	Email Address
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	

Send completed application, signed Code of Ethics, and a check payable to BRPASW to:

BRPASW
P.O. Box 211
Milwaukee, WI 53201-0211

CORPORATE MEMBERSHIP: \$120.00

Federal Tax ID: 20-8326765

INDIVIDUAL MEMBERSHIP: \$48.00

\$ _____
Amount Remitted



Business Recovery Planners Association of Southeastern Wisconsin Code of Ethics

This code of ethics, adopted by the Business Recovery Planners Association of Southeastern Wisconsin (BRPASW), shall govern the conduct of all members, representatives and invited guests. It is understood that sensitive information and/ or proprietary information mentioned in any meeting of the BRPASW or written in any document concerning the BRPASW will remain confidential.

All **BRPASW** members, representatives or invited guests shall:

- Conduct themselves and their activities in a professional and business like manner.
- Abide by the by-laws and policies of the BPRASW.
- Not engage in sales activities or solicitation unless invited to do so.
- Not conduct activities contrary to the purposes and objectives of the BPRASW.
- Not distribute or post any materials of any kind at a BRPASW activity without the approval of the Board of Directors.
- Not use the BPRASW name or logo unless approved by the Board of Directors.
- Be prohibited from the use of the BPRASW member lists except for BRPASW business. These lists are not to be provided to non-members without the written permission of the Board of Directors.

Please note: Members who do not follow this policy will be subject to the loss of membership.

I have read and understand the Business Recovery Planners Association of Southeastern Wisconsin code of ethics statement. I understand that if I willfully violate this code of ethics, my violation may result in revocation of my membership, as determined by the Board of Directors.

Name: _____

Date: _____

Company: _____