



MEMBERSHIP APPLICATION

Application Date: _____

Date of Birth: _____
(Must be at least 21 years of age)

Name: _____

Address: _____

Please indicate which contact you prefer:

Personal Email: _____ *Please check one.*
*(Please **Do Not** list an email address that you do not check regularly.)*

Business Email: _____

Home Tel.: (____) _____

Cell Tel: (____) _____

Work Tel: (____) _____
(Optional)

Occupation: _____

Company Name: _____

AREAS OF EXPERTISE / INTEREST:

Please circle which of the following areas you have expertise:

Health Legal Affairs Education Proposal / Grant Writing
Membership Development / Retention Mentor Programs Event Coordination
Other: _____

Please circle your committee interest (Choose at least one):

Scholarship Fundraising Community Involvement Budget and Finance
Young Women of Excellence Membership Financial Seminar
