

VOLUNTEER:

Describe your position in community organization(s) (Attach additional pages if necessary):

Name of organization:

What is the role of this organization in the community?

Location of organization (local, state or national)

When and how were you involved with this organization?

ELECTED OFFICIAL:

Please list the title and/or public office to which you have been elected and include the dates of term(s).

AWARDS OR RECOGNITIONS:

Please list any civic, community or professional awards or recognitions you have received, and the date you received them.

WPF MEMBERSHIP:

Briefly state why you want to be a member of the Women’s Policy Forum and what you want to gain from that experience.

What do you expect the WPF to offer you as a member?

RECOMMENDATIONS:

Please list three people who recommend you for membership, including at least one present member of WPF.

Name	Daytime Phone Number	Email Address
1.		
2.		
3.		

If selected, I understand that annual dues of \$75 are required for full membership, and \$50 for associate membership, and that these dues are payable within 30 days of notification.

Signature

Date

FOR INTERNAL USE ONLY	
Check One:	Full Membership _____ Associate Membership _____
Date of Approval _____	