

Women Extraordinaire!

Application Form

Please fill out the **WE** application below and forward your response by fax to 271-8555. We will notify you to confirm your approved membership to **WE** upon receipt of this application.

Date: _____ Name of Participant: _____

Street Address: _____

City, Province, Postal Code: _____

Phone: (Home): _____ (Cell): _____ (Work): _____

Company: _____ Position: _____

Describe what you do: _____

Your gifts & talents: _____

Age Group: ___ 21 to 35 ___ 35 to 45 ___ 45 to 55 ___ over 65 Marital Status: _____

E-mail: _____ Birthday: (Month/Day) _____

of children: _____ Ages of children: _____

Emergency Contact/Phone: _____

How did you find out about **WE**? _____

Are you interested in volunteering for on a committee to help **WE**? ___ Yes ___ No ___ Need More Info

Please specify where you can volunteer: _____

Will you be a speaker? Yes/No ___ Topics: _____

What Church and/or clubs and organizations do you belong to? _____

What events are you interested in (Check all that is applicable)? ___ Breakfast ___ Lunch ___ Evening Events

Sports & Hobbies: _____

What are your expectations of **WE** and what aspects of this group are most important to you? _____

What would you like to contribute to **WE**? Membership Donation Fee \$ _____ Other: _____

What Charities would you like **WE** to support? _____

Are you interested in being matched with a Mentor? _____ Would you be interested in being a Mentor? _____

I hereby agree to participate and make an effort to give back to **WE**, the members and charities **WE** supports.

Sign: _____