



Membership Application

Applicant Information

Name:	
Date of Birth: (Month / Day is sufficient.)	
Primary E-mail Address:	
Alternate E-mail Address:	

Correspondence will be sent to the primary e-mail address. In the case of undeliverable messages or bounce backs, the alternate e-mail address will be used. Check here to receive correspondence at both.

Mailing Address:		
City:	State:	Zip Code:
Home #:	Cell #:	Fax #:

Employment Information

Business / Organization / Retired:	
Title:	Work #:

Emergency Contact

Name:	
Relationship:	Contact #:

Type of Membership

<input type="checkbox"/> New Membership: \$50	<input type="checkbox"/> Sole Proprietor: \$250	<input type="checkbox"/> Corporate (5 Persons): \$1,000
<input type="checkbox"/> Renewal Membership: \$50	<input type="checkbox"/> Student Membership: \$25	<input type="checkbox"/> Lifetime: \$500

Schedule: June 1st of current year through May 31st of the next year.

Committee Participation

I am interested in serving on a committee as
 Chair
 Co-Chair.

<input type="checkbox"/> Hospitality	<input type="checkbox"/> Programs – Events	<input type="checkbox"/> Scholarships / Hall of Fame
<input type="checkbox"/> Leadership	<input type="checkbox"/> Programs – Developments	<input type="checkbox"/> Website / Social Media
<input type="checkbox"/> Marketing / Communications	<input type="checkbox"/> Programs – Mentorships	<input type="checkbox"/> Floater
<input type="checkbox"/> Memberships	<input type="checkbox"/> Treasury / Registration	<input type="checkbox"/> I need more information.

Organization Referral

Referred By:	Relationship:
--------------	---------------

Payment

<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Free Membership	Amount: <input type="checkbox"/> To be mailed
Check #:	Free Membership Reason:
Credit Card #:	Expiration Date:

Completed applications can be mailed, e-mailed or fax. Please include your payment information. Your application will be pending until payment is received.

Please accept this as my submission to join Hispanic Women in Leadership.

Signature of Applicant:	Date:
-------------------------	-------

HWIL | P.O. Box 540283| Houston, TX 77254

Phone: 281-724-8495 (HWIL) | Fax: 713-299-6377
www.hwil.org | email: hwil-org@mail.com