

**AFRICAN WOMEN COUNCIL, INC. MEMBERSHIP
APPLICATION for
Partners, Boards, Officers, Volunteers and Clients**

Contact Information:

Name	
Street Address	
City Zipe Code	
Phone H or Cell	
Email Address	
Country	
Areas of Interest	

Tell us which areas you are interested in participating in or receiving more information

- ☐ **Education systems (Pre-K through High Scholl**
- ☐ **Education for Adults (English, Dregree transfers, Trade school)**
- ☐ **Health – Health Insurance, Fitness, Medical attention**
- ☐ **Voting, Speaking to Community Leaders**
- ☐ **Housing – How to buy a home**
- ☐ **International Programs**
- ☐ **Youth Programs**
- ☐ **Seniors & Elderly**
- ☐ **Become a Business Owner**

Special Skills or Qualifications:

Summarize special skills and quelification you have squired from employment, previous volunteer work or through other activities. Including hobbies or sport. Attached your resume if applicable

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Agreement and Signature

By submitting this application, I affirm that the facts set forth in this are true and complete. I understand that if I am accepted as member, any false result in my immediate termination of membership

Name (printed

Signature

Date

Our Policy:

It is the policy of this organization to provide equal opportunities without regard to race, color, gender, religion, national origin, gender, sex preference, age or disability

Person to Notify in Case of emergency

Name (printed _

Street Address

City Zip Code

Home phone

Work phone

Email Address