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

| Contact Information: |
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| | |
|---|---|
| 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:<br>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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African Women Council, Inc
marie-rose@africanwomen-usa.org
www.africanwomencouncilusa.org

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| Agreement and Signature<br>By submitting this application, I affirm that the facts set forth in this are true and comlote. I understand that if I am accepted as member, any false result in my immediate rermination of membership |
| Name ( printed |
| Signature |
| Date |

**Our Policy:**
**It is the policy of this organization to provide equal opportunities without regard to race, color, genda, religion, national origin, genda, sex preference, age or disablilitty**

**Person to Notify in Case of emergency**

| |
|---|
| Name ( printed _ |
| Street Address |
| City Zip Code |
| Home phone |
| Work phone<br>Email Address |
| |

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