



MEMBERSHIP APPLICATION

Name		Spouse (if any)			
Address					
Street		City	State	Zip Code	
SSN:	DOB//_	Male	Female	Other	
Home Tel ()	Cell ()		Bus Tel ()		
Place of Employment		e-mail			
Address of Employer					
Current Position			How Many Years		
Emergency Contact		_ Relationship:			
Address:		_ e-mail:	Tel: ()	
Physical Limitations (if any)		Language(s) Spo	oken		
Statement of and description of prior cri	minal convictions o	or offenses (if any) _			
Membership in or Affiliation with other	organization(s): Ye	es No			
If yes, name the organization(s)					
Past experience in Community Organization	tions, if any, e.g. vo	lunteer work, etc			
Reasons for wanting to belong to W&A _					
References					
Name:	Name:	·			
Address:		ss:			
Tel:	Tel:				
e-mail:	e-mail	l:			
	ening	Weekend		Other	
How did you hear about us?	-				
Check the area(s) which you would like t					
Clerical (typing, filing, etc.)	•	Professional (legal, medical, accounting, marketing etc)			
Technical (computer, webdesign)		Artistic			
Tutoring		Fundraising			
Social & Sportive		Other			
Signature		Date			