

**WOMEN IN TOUCH, INC.**  
**P. O. Box 4192**  
**Montgomery, Alabama 36103-4192**

**APPLICATION FOR MEMBERSHIP**  
**(2008)**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
City State Zip Code

Home Phone: ( ) \_\_\_\_\_

Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
City State Zip Code

Phone: ( ) \_\_\_\_\_

Length of Employment \_\_\_\_\_ Years \_\_\_\_\_ Months

Are you currently, or have you been in the past, an active member of any civic or professional organizations? If so, please list them.

Have you performed any community service? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please give a brief description of the dates and types of community service performed.

How did you hear about Women In Touch, Inc.?

Why do you want to become a member of Women In Touch, Inc.?

What goals would you like to see Women In Touch accomplish this year?

**Please list the names, addresses, and telephone numbers of three references.**

**Is there anything else you would like to tell us about yourself or your experiences that would aid in the selection process? (Please attach an additional sheet of paper if needed)**

**I certify that all of the information provided by me on this form is true and complete to the best of my knowledge and belief. I understand that false statements on this application will disqualify me from being considered as a member of Women In Touch, Inc.**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature**