

Great Women to Know...

APPLICATION FORM

PLEASE PRINT AND RETURN TO THE ADDRESS BELOW, USED REVERSE SIDE IF NEEDED.

NAME: HOME TEL:
ADDRESS: WORK TEL:
 CELL:
EMAIL ADDRESSES:

BUSINESS/COMPANY:
ADDRESS:
PROFESSION PAST OR PRESENT:
PROFESSIONAL/CIVIC MEMBERSHIPS, AFFILIATIONS:

OTHER CHARITABLE WORK OR RELATED PAST EXPERIENCES:

PLEASE STATE YOUR INTEREST IN JOINING GWTK:

PLEASE SHARE ANY RESOURCES/SKILLS THAT COULD BE CONTRIBUTED TO GWTK:
(I.E. CORPORATE MATCHING GRANTS, FUNDRAISING, GRANT WRITING, WEBSITE DEVELOPMENT, ETC.)

OPTIONAL, PLEASE SHARE YOUR HOBBIES OR INTERESTS:

SOURCE OF REFERRAL TO GWTK:

THE FOLLOWING OPTIONAL WILL NOT INFLUENCE YOUR APPLICATION.

WOULD YOU BE WILLING TO OFFER A DISCOUNT ON YOUR PROFESSIONAL SERVICES TO OTHER GWTK MEMBERS? %

BY SIGNING AND SUBMITTING THIS APPLICATION, I HEARBY AGREE TO COMPLY WITH THE PROVISIONS OF GWTK'S BY-LAWS, AND ANY OTHER POLICIES ENACTED IN CONNECTION THEREWITH INCLUDING ANY POLICIES REGARDING WEBSITE AND DATABASE USE.

SIGNED: _____ DATE: _____

PLEASE MAKE CHECK PAYABLE, IN THE AMOUNT OF \$300 (\$350 AFTER AUGUST 15TH) TO: **GREAT WOMEN TO KNOW, INC.**
MAIL TO: GREAT WOMEN TO KNOW, P.O. BOX 512, ANDOVER MA 01810