



Membership Application

Applicant Information

Name:

Date of Birth: (Month / Day is sufficient.)

Primary E-mail Address:

Alternate E-mail Address:

Correspondence will be sent to the primary e-mail address. In the case of undeliverable messages or bounce backs, the alternate e-mail address will be used. Check here ☐ to receive correspondence at both.

Mailing Address:

City:

State:

Zip Code:

Home #:

Cell #:

Fax #:

Employment Information

Business / Organization / Retired:

Title:

Work #:

Emergency Contact

Name:

Relationship:

Contact #:

Type of Membership

☐ New Membership: \$50

☐ Sole Proprietor: \$250

☐ Corporate (5 Persons): \$1,000

☐ Renewal Membership: \$50

☐ Student Membership: \$25

☐ Lifetime: \$500

Schedule: June 1st of current year through May 31st of the next year.

Committee Participation

☐ I am interested in serving on a committee as ☐ Chair ☐ Co-Chair.

☐ Hospitality

☐ Programs – Events

☐ Scholarships / Hall of Fame

☐ Leadership

☐ Programs – Developments

☐ Website / Social Media

☐ Marketing / Communications

☐ Programs – Mentorships

☐ Floater

☐ Memberships

☐ Treasury / Registration

☐ I need more information.

Organization Referral

Referred By:

Relationship:

Payment

☐ Cash ☐ Check ☐ Credit Card ☐ Free Membership

Amount:

☐ To be mailed

Check #:

Free Membership Reason:

Credit Card #:

Expiration Date:

Completed applications can be mailed, e-mailed or fax. Please include your payment information.
Your application will be pending until payment is received.

Please accept this as my submission to join Hispanic Women in Leadership.

Signature of Applicant:

Date:

HWIL | P.O. Box 540283| Houston, TX 77254

Phone: 281-724-8495 (HWIL) | Fax: 713-299-6377
www.hwil.org | email: hwil-org@mail.com

Contributions are deductible in accordance with IRS Regulations concerning 501c3 organizations. Please consult your tax professional.