

# Women of Color Caucus

# Membership Form



Name

Agency

Address

City  State  Zip Code

Phone  Fax

E-mail

Date of Birth (Month and Day)

Special Dates/Occasion Dates

Interests/Hobbies/Activities

Special Talents/Abilities

### Committees Interested In:

- |   |  |
|---|--|
| <input type="checkbox"/> Membership     | <input type="checkbox"/> Development & Education |
| <input type="checkbox"/> Event Planning | <input type="checkbox"/> Communications          |

By signing this membership form I agree to:

- Be active in the caucus and it's committees
- Work to further the mission and vision of the Ohio Women of Color Caucus
- Use ethical communication, show mutual respect and develop and give community trust

X  Date