



Women of Color Caucus Membership Form

Name: _____

Agency: _____

Address: _____

City/State/Zip: _____

Phone/Fax: _____

E-mail: _____

Date of Birth (Month/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.



Name: _____

Date: _____

Please return this form to any of the following email addresses:

jasminej@clevelandrcc.org, deandre.cridwell@gmail.com, singram@oaesv.org, cheniecew@odvn.org