



Member Contact Form

Name: _____ Year Born: _____

Company Name: _____ Title: _____

Work Address: _____

Work Phone: _____ Work Fax: _____

Work Email: _____

Home Address: _____

Cell Phone: _____ Personal Email: _____

Preferred Mode of Communication: Personal Email Work Email

How did you hear about us? _____

Would you be interested in running for an officer position in the future? Yes _____ No _____

If yes, which one? (Please check all those that are of interest):

President Vice-President Secretary Sub-Committee Chair

Which of the following sub-committees would you like to join?

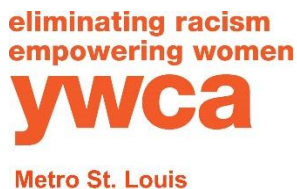
Community Development Social

Why are you interested in our organization, and what do you hope to accomplish as a member?

Printed Name

Signature

Date



Return Completed Form To:
YWCA Metro St. Louis
1155 Olivette Executive Pkwy
St. Louis, MO 63132
Attn: Aimee Frey
afrey@ywcastlmo.org

