

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:

- Membership Development & Education
 Event Planning 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