



## Membership Form

I am renewing my membership and my check # \_\_\_\_\_ (made out to Leadership Women) is attached.

I would also like to make an additional donation in support of Leadership Women.

\$25    \$50    \$100    \$ \_\_\_\_\_

*Leadership Women Inc. is a 501(c3) nonprofit corporation (ID number 23-7345926).*

**Please mail this form and payment to:**

Leadership Women, Inc., 25 Highland Park Village, #100-371, Dallas, TX 75205

**Please take a moment to update your information with us.**

Full Name: \_\_\_\_\_

Credentials: \_\_\_\_\_ (ex. PhD, MD)   Date of Birth: \_\_\_\_\_

Preferred Name (if different from above): \_\_\_\_\_

To which racial or ethnic group(s) do you most identify? (Demographic purposes only)

_____ African American (non-Hispanic)	_____ Asian/Pacific Islanders
_____ Caucasian (non-Hispanic)	_____ Latino or Hispanic
_____ Native American or Aleut	_____ Other

### Personal Contact Information:

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Personal Email: \_\_\_\_\_

Personal Phone: \_\_\_\_\_ (Cell or Home)

### Business Contact Information:

Job Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Email: \_\_\_\_\_

Business Phone: \_\_\_\_\_

### Preferred Communication Channels *Please indicate how you prefer to be contacted.*

Preferred Mailing Address: \_\_\_\_\_ Personal \_\_\_\_\_ Business

Preferred Email Address \_\_\_\_\_ Personal \_\_\_\_\_ Business

Preferred Phone Number \_\_\_\_\_ Personal \_\_\_\_\_ Business

If you have any questions, please contact Leadership Women at 214-421-5566.