



## New Member Membership Application Form

Please complete the information below to sign up for membership. NAME GIVEN NAME/FIRST NAME SURNAME/FAMILY NAME/LAST NAME ADDRESS STATE/PROVINCE CITY POSTAL ZIP CODE TELEPHONE: Cell Email Membership is available to anyone 18 years of age or older. How passionate are you about our cause to empower girls and women of color in the **United States and Africa?** Are you willing to attend monthly meetings? \_ How much time can you give to us in preparing for conferences and other events? What professional or personal constraints on your time or service might you anticipate? What personal dreams or aspirations do you have that could be enhanced through your service to Sister to Sister: One in the Spirit, Inc.? Are you willing to make an annual financial commitment through your payment of **Membership Dues?** 





Why do you want to join Sister to Sister and what will you contribute if accepted?
What motivates you to want to help others?
List any concerns, experiences, or anything else you would want us to know.
SPECIAL INTERESTS
I would like to assist with "Conference of Empowerment & Health "Knitting & Crochet "Economic Development "Other Please contact me via: "Email "Phone My area of expertise is in: "Fundraising "Grant writing "Vendors "Developing Questionnaires for conference feedback "Coordinating Events Please contact me about these opportunities via: "Email "Phone
Payment Method:  O My check in the amount of \$100.00 made payable to Sister to Sister: One in the Spirit, Inc. is enclosed.
Mailing: Please mail this form with your check enclosed to: Sister to Sister, P.O. Box 260, New York, NY 10037 Questions? E-mail us at: info@sistersoneinthespirit.org