



## Application for Membership

Name \_\_\_\_\_ Date \_\_\_\_\_

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

Phone \_\_\_\_\_ Legislative District Number \_\_\_\_\_

E-mail \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Employment History \_\_\_\_\_

\_\_\_\_\_

Community Involvement/past or present volunteer activities \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

As a woman living in Chester County, do you have an interest in additional issues?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please explain why you are interested in becoming a member of the CCWC.

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Below is a list of skills that could benefit the work of the Chester County Women's Commission. Please review the list and place a 'X' before any skill that you possess. Thank you.

- Administration
- Advertising
- Budget/Finance
- Community Contacts
- Education
- Fundraising
- Gov't Relationships
- Legal
- Marketing
- Non-Profit
- Planning/Project Mgmt
- Prior Board Experience
- Public Relations
- Social Media
- Social Work
- Strategy
- Technology Development
- Website Design/Maintenance

Meetings are scheduled monthly from 6:00 – 7:30 p.m. on the second Monday of the month.  
Are you able to attend meetings during this time slot?

\_\_\_\_\_ Yes      \_\_\_\_\_ No

Are you able to commit to five to 10 hours a month toward Commission and/or committee activities?      \_\_\_\_\_ Yes      \_\_\_\_\_ No

Please list two references who have knowledge of your qualifications and character:

1. Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Relationship \_\_\_\_\_

2. Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Relationship \_\_\_\_\_

**NOTE:** The following questions are optional, but are included in an attempt to ensure a diverse membership.

Age \_\_\_\_\_ Ethnic Background \_\_\_\_\_

Education Background \_\_\_\_\_

***Please return application and resume/CV to:***  
**[ccwomenscommission@gmail.com](mailto:ccwomenscommission@gmail.com)**