



Women of Color

EMPOWERMENT INSTITUTE INC.

WOMEN OF COLOR EMPOWERMENT INSTITUTE INC.
MEMBERSHIP APPLICATION

Name

Business Name or if retired, former area of work or profession:

Address: _____

City, State and

Zip Code: _____

Telephone: _____ E-mail address: _____

Business website, if applicable:

Area(s) of Interest as Empowerment Topic(s): _____

Would you like to volunteer at the Women of Color Empowerment Institute? _____

If so, what days and hours are you available? _____

MEMBERSHIP:

- Mention at the next WOC conference as a member
- VIP seating for certain WOC events
- Updates on important issues affecting WOC in the tri-county area and nationally
- Special mention in select WOCEI magazine publications
- Greater awareness of opportunities to forge new relationships with other leaders
- Notice of forums that can serve as a catalyst for positive social change.
- Notice of periodic lunch or dinner meetings.

Payment Options:

- Check enclosed (Women of Color Empowerment Institute, Inc.)
- Please charge my credit card in the amount of \$ _____
(circle one) AMEX / MC / VISA / On File
Expiration Date: _____
Signature: _____

Please return this form and your BUSINESS CARD, if applicable, to:

Women of Color Empowerment Institute, Inc.
401 North Avenue of the Arts (NW 7th Avenue)
Fort, Lauderdale, FL 33311
Attention: Kenneth Koonce
954.768.9770 (Phone) 954.768.9790 (fax)
website: southfloridawomenofcolor.com