



**PENSACOLA WOMEN'S ALLIANCE - 2021 MEMBERSHIP APPLICATION**

RETURN APPLICATION TO: Jan Miller

Pensacola Women's Alliance P.O. Box 12157 Pensacola, FL 32591

Applicant Name: \_\_\_\_\_

**(If you prefer, in lieu of completing the application, you may attach a résumé.** However, in addition, please let us know why you wish to join PWA.)

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

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

Email: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Current Occupation: \_\_\_\_\_ How long? \_\_\_\_\_

Name of Employer: \_\_\_\_\_ Title \_\_\_\_\_

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

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

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Web address: \_\_\_\_\_ LinkedIn? \_\_\_\_\_

Previous Occupation, if retired: \_\_\_\_\_

Prior Employment Experience:

Professional Affiliations:

Civic/Volunteer Experience:

Special Skills/Interests:

Awards, Publications, and other Special Recognition:

Briefly, tell us why you wish to become a member of PWA? Business/social networking? Funding of Women's scholarships? Educational Seminars? Help expand opportunities for women?

Instructions :

Please return the completed application to PWA at the address above with a check for PWA annual or prorated dues in the amount of \$\_\_\_\_\_ (PWA dues are \$180 annually or prorated according to the month the application is received). Make your check payable to **Pensacola Women's Alliance**. We will cash your check when you are accepted for membership.

## **MEDIA WAIVER**

By attending Pensacola Women's Alliance (PWA) events, you hereby grant your express consent that your likeness or image, captured by photo or video, or your voice captured by recording, may be used by the PWA for promotional and archival purposes in print, video and online, or in any other format, without notice to you. PWA will not distribute, rent or sell your personally identifiable information to third parties.

All digital image and/or video files are wholly owned by PWA, who reserves the right to use these images and/or video for editorial publication on the website or other social media outlets.

I hereby acknowledge that I am 18 years of age or older and have read and understood the terms of this release

I agree for myself in this membership registration.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

### **Criteria for membership in PWA**

PWA welcomes new members who contribute to the community in a meaningful way, either through a profession, volunteer service or public service (elected or appointed); enjoy an excellent reputation in the community for integrity, leadership and competency; are aware of the many challenges facing women today, both in the home and in the business community; and are committed to supporting the goals and purposes of PWA.

FORM REVISED 11/20/2020