



Institute for Women in Politics of Northwest Florida, Inc.

MEMBER INFORMATION

Please provide the following information for the permanent records of the Institute so that communications may reach you in a timely manner and basic biographical data may be readily

Full Name _____

Preferred form of name _____

Mailing address _____

City and zip _____

Mobile number _____

E-mail address _____

Preferred messaging method email _____ text _____ voice _____

Current Employment (or immediate past employment if retired)

Name of employer _____

Position title _____

Current Professional Affiliations/Community Involvement (as applicable)*

Organization/position _____

Organization/position _____

Organization/position _____

Political Offices or Appointments (as applicable)*

Organization/position _____

Organization/position _____

Organization/position _____



Previous positions held/Other pertinent bio information* _____

Education* _____

**A bio or curriculum vitae containing this information may be attached in lieu of completing this section of the application.*

Institute Service Opportunities

The Institute is an all-volunteer organization. The Board of Directors invites you to get involved through participation on one or more of the following teams. For details about each team, see our website at iwpplorida.org or email contact@iwpplorida.org.

- | | | |
|---------------------------------------|--|--|
| <input type="radio"/> Membership | <input type="radio"/> Blogging/Writing | <input type="radio"/> Fundraising |
| <input type="radio"/> Events | <input type="radio"/> Speakers Bureau | <input type="radio"/> Candidate Outreach |
| <input type="radio"/> Social Media | <input type="radio"/> Programming | <input type="radio"/> Legislative |
| <input type="radio"/> Host a PEP Talk | | |

Dues

Go online at iwpplorida.org to make payment or attach check made payable to the Institute for Women in Politics of Northwest Florida, Inc.

- \$ 125
- \$ 50 (Special membership available to adults 18-25 or to full-time college students; proof of age or student status required)

Mail this form (and check, if applicable) to:

Institute for Women in Politics of Northwest Florida, Inc.
4771 Bayou Blvd. #244
Pensacola, FL 32503

Thank you!

For office use only

Date received _____ A/R date _____ | _____