

LAFAYETTE COMMISSION ON THE NEEDS OF WOMEN

Membership Application

Name _____ Date _____

Personal Information

Home Address:

Telephone # _____

Fax # _____

Email Address _____

Business Information

Business Address:

Business # _____

Fax # _____

Email Address _____

Educational Background

Do you have a high school diploma or GED?
If not, indicate highest grade completed:

Yes____ No____

Attended a College or University?

Yes____ No____

Attended a Community or Technical College?

Yes____ No____

Do you have a degree or diploma?

Yes____ No____

If yes, indicate type and year received:

List any licensed or certifications:

Work Experience (Begin with your current or most recent job)

1. _____
(Position)

3. _____
(Position)

2. _____
(Position)

4. _____
(Position)

