



The Lafayette Commission  
on the  
Needs of Women

## Membership Application

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

Personal Information

Home Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

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

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

Business Information

Business Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

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

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

Educational Background:

Do you have a high school diploma or GED?

Yes \_\_\_ No \_\_\_

If not, indicate highest grade completed:

\_\_\_\_\_  
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 of degree and year received:

\_\_\_\_\_  
List any licenses or certifications:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Work Experience:

(Begin with your current or most recent job and include summary of duties)

1. \_\_\_\_\_  
(Position)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. \_\_\_\_\_  
(Position)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. \_\_\_\_\_  
(Position)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. \_\_\_\_\_  
(Position)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Please attach a resume if available.*