



Application for Membership

Personal Information

Last Name _____

First _____ M.I. _____

Name of Spouse/Partner/Significant Other _____

Street Address _____ Apartment/Unit # _____

City _____ State _____ ZIP _____

Home Phone _____ Alternate Phone _____

Preferred E-mail Address _____ Birth Date (M/YY) _____

Please list all your volunteer service with United Way of Allen County (Board, Cabinet, or committee): _____

Emergency Contact and Phone Number _____

Your name may be used in marketing material to promote the Women United and its efforts. However, United Way of Allen County does not sell, rent or lease donor or volunteer lists to any third parties. Your only communication will come from United Way updating you on Women United efforts.

Employment Information

Employer _____ Title _____

Department _____ E-mail Address _____

Work Phone _____ Cell Phone _____

Membership Pledge

- Associate Member (\$250)
- Full Member (\$500)
- Platinum Member (\$1,000 or more)

GIFT OPTIONS ON REVERSE SIDE OF FORM

For Office Use Only

Date Received by United Way _____

