



Empowering Girls Network Application Form

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Work: _____ Phone Cell: _____

Email Work: _____ Email Home: _____

Employer/Organization/Other: _____

I would like to volunteer in the following areas (provide up to four responses):

I have expertise in the following areas (provide up to four responses):

I am willing to assist or lead the Network in the following:

Tech Support

Provide meeting site for Network or Network Committee

Provide project management

Organize events

Provide marketing and/or communication support

Serve as the Network Chair

Other: _____

Return this form to Past District Governor Anita McDonald (msmathlady@live.com), and address any questions to her.