



WICHITA AFRICAN UNION

NEW MEMBER INFORMATION FORM

First Name:		Last Name/Surname:		Nickname:
Street Address:			City/State/Zip:	
Birthday: Day/Month only (year not required):		Country of Birth:		
Contact information	Cell (Area code first)			Land line (if any):
	Email Address			
Social Media	Facebook			Twitter:
	WhatsApp			LinkedIn:
Tell us about yourself	Profession			
	Skills & Hobbies			
	Likes			
	Dislikes			
Are you presently an active member of a nonprofit charitable organization?		Check box that applies: Yes: <input type="checkbox"/> No: <input type="checkbox"/>		
What type of organization is it?		If "Yes", Name of the Organization: _____		
Are you still actively involved with the organization?		Check box that applies: Yes: <input type="checkbox"/> No: <input type="checkbox"/>		
Tell us how you're contributing to the success of your organization. BE SPECIFIC AND GIVE EXAMPLES, IF NECESSARY				
Do you mind if we contact your organization for reference?		Check box that applies: Yes: <input type="checkbox"/> No: <input type="checkbox"/>		
If no longer active, briefly tell us why?		If "Yes", Contact Information: _____		
Briefly tell us why you want to join WAU?				
Will you support WAU with your resources? (gifts, time, etc.)		Check box that applies: Yes: <input type="checkbox"/> No: <input type="checkbox"/>		
Will you be committed to actively participate in WAU's regularly scheduled meetings, events and activities?		Check box that applies: Yes: <input type="checkbox"/> No: <input type="checkbox"/>		
		If "No", please explain: _____		

If approved, I will be interested in serving in the committee(s) noted below (You are encouraged to select more than one (1) committee):

By-Laws & Membership Committee: <input type="checkbox"/>	Volunteer & Outreach Committee: <input type="checkbox"/>
Budget Committee: <input type="checkbox"/>	Social & Self-help Committee: <input type="checkbox"/>
Education Committee: <input type="checkbox"/>	Technology (Social Media/Website) Committee: <input type="checkbox"/>
Conflict Resolution Committee: <input type="checkbox"/>	<i>This space intentionally left blank</i>

THIS SECTION FOR WAU INTERNAL USE ONLY

	Approval/Denial	Signature:	Date
Committee Recommends:		Committee Chairperson:	
WAU Membership Action: WAU President		WAU President:	