



MEMBERSHIP APPLICATION (2018-2019)

PLEASE PRINT CLEARLY

NEW

RENEWAL

CHAPTER: WINGS Phoenix

Active

Supporting

First 2 Members (\$100 Adult plus 1 child)

Additional Members (\$25 each)

Corporate (\$250)

Name & Birthdate _____

Spouse Name & Birthdate _____

Children's Name(s) and Birthdate(s) _____

Occupation _____ Spouse's Occupation _____

Address _____

City _____ State _____ ZIP CODE _____

Home phone _____ Work phone _____

Mobile Phone _____ FAX _____

Email(s) _____

Other non-profit affiliations (past and present):

Business or professional affiliations:

Strengths or skills that may be helpful to the WINGS Chapter (please explain your strengths in detail on the lines below)

Event Planning

Graphic Design

Accounting

MS Office (word, excel, etc)

Fundraising

Public Relations

Other

Have you ever been charged with, arrested, convicted of, OR plead no contest to a crime?

Yes

No

If yes please attach a written explanation.

Are you aware of any reason why you should not work with children?
If yes please attach a written explanation.

Yes

No

By signing this form, I acknowledge Childhelp National is the final authority for all membership determinations and that I will not use the membership list for private purposes or permit it to be examined, copied or used by a non-member.

Signature _____ Date _____

Questions? Email Kathy Emig @ kemig@childhelp.org 480-922-8212

Please return this form and your check made payable to:

Childhelp
Attention: WINGS Phoenix Chapter
4350 E. Camelback Rd, F250
Phoenix, AZ 85018

OR

Email form to kemig@childhelp.org
and

[Pay Online](#)