



MEMBERSHIP APPLICATION

PLEASE PRINT CLEARLY

NEW **RENEWAL**

CHAPTER: WINGS Phoenix

First 2 Members (\$50 each)

Additional Members (\$25 each)

Students (\$10 each, 16+)

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

Signature _____ Date _____

By signing this form, I acknowledge that I will not use the membership list for private purposes or permit it to be examined, copied or used by a non-member.

Questions? Email our membership chair at careyvp@hotmail.com

Please return this form and your check made payable to:

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