



MEMBERSHIP APPLICATION (2019-2020)

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) _____

Teen Member's Name(s) _____ Grade _____ Mobile _____ Email _____

Occupation _____ Spouse's Occupation _____

Address _____

City _____ State _____ ZIP CODE _____

Home phone _____ Work phone _____

Mobile Phone _____ FAX _____

Email(s) _____

Other non-profit/Business or Professional affiliations (past and present):

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? ☐ Yes ☐ No If yes please attach a written explanation.

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