



## MEMBERSHIP APPLICATION 2018-19

**PLEASE PRINT CLEARLY**

**NEW**

**RENEWAL**

**CHAPTER: WINGS Orange County**

Member (\$75)

Sibling Members (\$25 each)

Corporate (\$250)

Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Mobile \_\_\_\_\_ Email \_\_\_\_\_

School Attending \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Sibling Name(s) \_\_\_\_\_ Mobile \_\_\_\_\_

Birthdate(s) \_\_\_\_\_ Email \_\_\_\_\_

### Parent information

**Name** \_\_\_\_\_ **Mobile** \_\_\_\_\_ **Email** \_\_\_\_\_

**Name** \_\_\_\_\_ **Mobile** \_\_\_\_\_ **Email** \_\_\_\_\_

**Parent Occupation** \_\_\_\_\_ **Parent Occupation** \_\_\_\_\_

Committee preferences (*Committee names and descriptions are on the back of this form*)

1<sup>st</sup>

2<sup>nd</sup>

3<sup>rd</sup>

*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.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Please make your check payable to: Childhelp

return with this form to:

WINGS c/o Jinii Kennelly  
PO Box 365  
Corona del Mar, Ca. 92625

OR

Email form to [j.ocwings@gmail.com](mailto:j.ocwings@gmail.com)  
and

**Pay Online**



# Committee Positions

## *Executive*

- Run meetings
- Manage communication with chapter

## *Membership*

- Welcome new members
- Provide information to new members
- Plan new member party end of summer

## *Fundraising*

- Lead/coordinate annual fundraiser (QFC)

## *Special Events*

- Organize community events, in-store events, restaurants
- Coordinate Day at the Village

## *Social Media/Communications*

- Take photos at events and meetings
- Spread awareness via social media (hashtags, profiles)
- Manage photo database

## *Social/Team Building*

- Plan events for chapter members