

# rockfordnetwork

## MEMBERSHIP APPLICATION

OFFICE USE ONLY

Check No. \_\_\_\_\_

Date/Year \_\_\_\_\_

Rec'd. by \_\_\_\_\_

Name: \_\_\_\_\_ Year Joined \_\_\_\_\_

Occupation/Position: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Business Phone: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

Prefer to receive monthly newsletter via:  Email  Snail Mail Please send mailings to:  Home  Business

### Boards or Committees on which you currently serve:

Organization	Position

Would you like to join a Rockford Network committee?  Yes  No

### Check one category which best describes your business:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> A. Banking/Finance                  | <input type="checkbox"/> H. Advertising/Graphic Design/Promotions     | <input type="checkbox"/> O. Media Sales/Printing/Publishing |
| <input type="checkbox"/> B. Accounting                       | <input type="checkbox"/> I. Employment/Staffing                       | <input type="checkbox"/> P. Real Estate Sales & Rental      |
| <input type="checkbox"/> C. Attorneys/Legal Services         | <input type="checkbox"/> J. Computers/Internet Technology             | <input type="checkbox"/> Q. Non-Profit Organizations        |
| <input type="checkbox"/> D. Trainers/Facilitators/Educators  | <input type="checkbox"/> K. Medical/Health Care                       | <input type="checkbox"/> R. Government/Political Positions  |
| <input type="checkbox"/> E. Insurance                        | <input type="checkbox"/> L. Investments/Financial Planning            | <input type="checkbox"/> S. Other: _____                    |
| <input type="checkbox"/> F. Manufacturers                    | <input type="checkbox"/> M. Independent Sales/Consultants             |   |
| <input type="checkbox"/> G. Construction/Building/Architects | <input type="checkbox"/> N. Trade Services (ie, plumbing, electrical) |   |

**Please send form plus membership dues of \$40.00 (payable to Rockford Network) to:**

Rockford Network, Attention: Membership Chair, 5411 E. State St., PMB Box 306, Rockford, IL 61108

Enclosed is my additional contribution of \$\_\_\_\_\_ to the RN Women's Continuing Education Scholarship Fund.

*Welcome – and thank you for your support!*

Occasionally, Rockford Network may share our mailing list with other like-minded women's organizations. If you do not wish your name to be included, please check here.

# rockfordnetwork MEMBER DATABASE

Help us get to know you! Please complete and return this form, attaching your resume and any other applicable information. The information you provide is for internal use only; for example, it may be shared with our Awards Committee to nominate you for a prestigious community award, or with our Appointments Chair to alert you of an open board position for which you may be eligible. Thank you!

\_\_\_\_\_  
Date Received

\_\_\_\_\_  
By

PLEASE PRINT

## Personal

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone Number/Email Address

\_\_\_\_\_  
Year Joined Rockford Network (approx.)

\_\_\_\_\_  
Years Lived in Rockford Area

\_\_\_\_\_  
Family Status (single or married, children, etc.)

\_\_\_\_\_  
Hobbies or Personal Interests

## Professional

\_\_\_\_\_  
Current Employer (or Self-Employed)

\_\_\_\_\_  
Position or Title

\_\_\_\_\_  
Years of Experience in Current Field

\_\_\_\_\_  
Years of Experience in Previous Fields

## Education

\_\_\_\_\_  
Schools Attended and Degrees Obtained

\_\_\_\_\_  
Foreign Languages Spoken

## Community

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Current Local Board or Committee Positions

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Past Local Board or Committee Positions

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Membership in Other Organizations

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State/National/International Involvement

Have you been nominated in the past for local community awards? If so, please list name and year of award, the organization that nominated you (including Rockford Network), and whether or not you received the award.

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Anything else you would like to share? (Feel free to attach additional pages.)

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Please mail this form to Rockford Network, Attn: Awards Chair, 5411 E. State St., PMB 306, Rockford, IL 61108.  
Or deliver to the Membership Chair at the next Rockford Network meeting.