

Federation of Houston Professional Women Membership Application

Name of Organization: _____

Contact Person: _____

Address: _____

Telephone Numbers: Business _____ Fax: _____ Home: _____

Number of Members: Female: _____ Male: _____ Total: _____

Organization's President: _____

How to Contact President: _____

Your Fiscal Year: _____

Organization's Website (if applicable): _____

Meeting Information:

Meeting Location: _____

Meeting Day: _____ Meeting Time: _____

Meeting Contact: _____ Phone Number: _____

Meeting Contact E-Mail Address: _____

E-Mail Address of Newsletter Editor: _____

The following documentation must be submitted with your application:

1. Copy of your organization's current by-laws (needs to include your mission or purpose).
2. Letter from your national organization approving your FHPW membership, if applicable.
3. Copy of your organization's minutes approving membership into FHPW.
4. Delegate information form and current roster of organization.
5. Check payable to the Federation of Houston Professional Women for dues of \$100 if joining prior to July. If you application is approved after July 1, then the dues are \$50.
Dues are effective January 1 through December 31.

Return your completed application and all required documents to:

Federation of Houston Professional Women
Attention: Membership Chair
P.O. BOX is 27621
Houston, TX 77277-7621

All membership applications need approval by the Federation Board.

DELEGATE INFORMATION FORM

Each organization must supply delegates to the Federation. Delegates serve from January 1 through December 31. A delegate can represent only one organization. Organizations with less than 100 members should elect two delegates and at least one alternate. Organizations with 100 members or more should elect three delegates and at least one alternate.

Delegate 1

Name: _____

Address: _____

Telephone: _____ Fax: _____

E-Mail: _____ E-Mail Group -----Yes _____ No _____

Delegate 2

Name: _____

Address: _____

Telephone: _____ Fax: _____

E-Mail: _____ E-Mail Group-----Yes _____ No _____

Delegate 3

Name: _____

Address: _____

Telephone: _____ Fax: _____

E-Mail: _____ E-Mail Group-----Yes _____ No _____

Alternate

Name: _____

Address: _____

Telephone: _____ Fax: _____

E-Mail: _____ E-Mail Group-----Yes _____ No _____