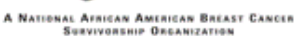




Associate Membership Application (Non-Survivor)

Yes! I wish to improve the health of African American women by joining Sisters Network® Inc. as an Associate Member (non-survivor). As an Associate Member you will be entitled to attend the annual Christmas party and participate in our events, workshops & health fairs. You will also lend your expertise in the areas listed on page 2 of the application.

Associate Membership Fees		
<input type="checkbox"/> \$00.00 (individual - Ask Chapter President for current membership fee) <input type="checkbox"/> \$150.00 (physician) <input type="checkbox"/> \$300.00 (church/group) <input type="checkbox"/> \$400.00 (Medical/Healthcare Organization) <input type="checkbox"/> \$1,000.00 (Corporation)		
There are 2 Easy Ways to Join Sisters Network Inc., Chicago Chapter, Inc		
<ul style="list-style-type: none"> • By Phone: 1-773-353-8854 - Leave msg and a Chapter Officer will contact you with instructions • By Mail: Print and complete this form, mail with payment (check, money order, or credit card) to Sisters Network® Inc., Chicago Chapter, Associate Membership, P.O. Box 497608, Chicago, IL 60649-7608 		
Name (PRINT CLEARLY)		Date of Birth (M/D)
Mailing Address		City
Contact Phone #1	Contact Phone # 2	Mobile Phone
Email Address (PRINT CLEARLY)		I prefer to be contacted by: <input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> Text
Employer:	Position:	
Method of Payment		
<input type="checkbox"/> Check (Payable to Sisters Network Inc.) <input type="checkbox"/> Money Order <input type="checkbox"/> Credit Card (<u>MC, Visa and AmEX</u>)		
Credit Card # _____	Total Amount: \$ _____ (Fees listed above)	
Expiration Date: _____ CCV: _____		
Name on Card: _____		
Credit card billing address: _____		
Signature: _____		Date: _____



Associate Membership Application (Non-Survivor)

P.O. Box 497608 • Chicago, IL 60649-7608
773-353-8854 (phone) • Call for fax number

website: <http://www.sistersnetworkchicagochapter.org> | Email: info@sistersnetworkchicagochapter.org

Revise 12/2015

Thank you for your interest and support of Sisters Network® Inc.

Associate Member Name: _____

Availability

How often do you want to volunteer? weekly weekdays monthly weekdays occasionally special events

weekly weekends monthly weekends

Available for volunteer assignments on: mornings afternoons evenings

Do you have health issues we should be aware of? None Yes (specify)

Emergency Contact Name

Emergency Phone

Relationship to Associate Member

AREAS OF INTEREST

POSITION	DESCRIPTION
ADMINISTRATIVE	Monday – Friday, 9:00am – 5:00pm
<input type="checkbox"/> Office Assistant	Assist staff with various administrative duties: answering phone, faxing, copies and mailings
<input type="checkbox"/> Data Entry	Enter data into RE database or other computer work in Word or Excel
WALK	
<input type="checkbox"/> Committee Member	Work on various committees for the Walk
<input type="checkbox"/> Walk Promotion	Distribute walk flyers and posters to local businesses/organizations (January, February & March)
<input type="checkbox"/> Data Entry	Enter mailed in registration forms
<input type="checkbox"/> Walk-in Registration	Help walk-in registrants and give out t-shirts
<input type="checkbox"/> T-Shirt Distributor	Help distribute t-shirts to team captains
<input type="checkbox"/> Lead Walk Day Volunteer	In charge of assigned Walk day area
<input type="checkbox"/> Walk Day Volunteer	Work on Walk Day; multiple positions available
EDUCATION	
<input type="checkbox"/> Public Speaking	Speak about breast cancer survivorship to small/large groups
<input type="checkbox"/> Community Outreach	Disseminate breast cancer information and answer questions
<input type="checkbox"/> Volunteer Development	Recruit volunteers individuals/groups, assist with recruitment procedures, training programs, and recognition event (s)
<input type="checkbox"/> Community Health	Education, grants, survivorship
DEVELOPMENT/SPECIAL EVENTS	
<input type="checkbox"/> Public Relations	Assist in developing ways to enhance the visibility of Sisters Network Inc.
<input type="checkbox"/> Grant Writing	Assists with identifying and compiling grant information
<input type="checkbox"/> Event Planning/Fundraising	Sponsor solicitation, table sales, registration, decorations, setup and clean up
<input type="checkbox"/> Graphic Design	Assists with designing and editing flyers and outreach material
<input type="checkbox"/> Information Technology	Provide technology services and assists with website maintenance
<input type="checkbox"/> Advocacy	Analyzes public policy issues that affect Sisters Network Inc and breast cancer survivorship, making recommendations for action, writing and visiting with legislators

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Thank you for your interest and support of Sisters Network® Inc.