



# Workforce Diversity Network

## MEMBERSHIP APPLICATION

Company Name \_\_\_\_\_

Person Responsible for Diversity \_\_\_\_\_

Title \_\_\_\_\_

Mailing Address \_\_\_\_\_

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

Billing Address \_\_\_\_\_

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

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Chief Executive (or top local official) \_\_\_\_\_

Please use the space below to explain your interest in joining the Workforce Diversity Network, and the impact your organization will have in our Network:

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Please identify your type of organization:

- Manufacturing
- Banking and Finance
- Education
- Healthcare
- Service
- Not-for-Profit
- Retail
- Other (please specify)

Please specify the size of your organization:

- 1,000 or more employees
- 500 - 999 employees
- 499 or fewer employees

Please indicate the membership level for which you are applying:

- Supporter Level** \$1200 annually, \$600 not-for-profit rate
- Leadership Level** \$2500 annually
- Premiere Level** \$4000 annually

*The undersigned applies for membership with the Workforce Diversity Network, a not-for-profit organization, and will pay annual membership dues in the amount checked above for its support. A member in good standing will be one whose dues are fully paid for the current year.*

We understand our membership may be canceled at any time upon written notice to the Network, or upon dissolution of the chapter. We agree that we will honor all obligations incurred prior to canceling our membership. Dues are non-refundable.

Applications subject to review and approval. Upon approval, your organization will be invoiced for your annual dues. Please do not send any money with this application.

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

Committee Member Signature \_\_\_\_\_ Date \_\_\_\_\_

Please email completed form to: [members@workforcediversitynetwork.com](mailto:members@workforcediversitynetwork.com)

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