 Our Mission is to provide women with equitable resources to create self-sustaining lives.

**Membership Application:**

**Name:**

**Address:**

**Phone:**

**Email:**

**Date of Birth:**

**Size of Shirt:**

1. **Why do you want to join Rising Queens Inc?**
2. **Can you be committed to attending Monthly Membership meeting the 2nd Monday of each month 7pm Eastern/6pm Central Standard time?**
3. **Are you willing to join at least one of our committees that involves the mission of the organization?**
4. **Are you willing to pay $10.00 per month for membership fee?**
5. **Are you willing to commit to Rising Queens oath to treat everyone with respect and dignity?**

**Signature:**

**Date:**

**Administration Signature:**