

***Women Elevated (There’s no I in WE), Incorporated***

***Membership Interest Application***

I understand that falsification of any information on this application or attachments will eliminate me from being considered for membership into Women Elevated, Incorporated. By signing this form, I verify that all of the information I have provided is true and correct. I understand that at any time, Women Elevated, Incorporated can rescind any rights or privileges to an applicant based on the submission of false information or documents.

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Signature of Candidate Date

***PERSONAL INFORMATION:***

Name: Last, First, MI

Email Address: Click or tap here to enter text.

Permanent Address: Street Address

City State Zip

Home Phone: Area Code First Cell Phone : Area Code First

Branch of Military: Select Branch

Enlistment Date: Enter Date Discharge Date: Enter Date

Type of Discharge: Choose an item. If other, please list type: Click or tap here to enter text.

***EMERGENCY CONTACT:***

Click or tap here to enter text. Click or tap here to enter text. Click or tap here to enter text.

Name Relationship Phone Number

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Signature of Candidate\*\* Candidate’s Date of Birth Date\*\*

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Name of Parent or Guardian Signature of Parent/Guardian Date\*\*

(Please Print)

***AFFIRMATION STATEMENT:***

1. Are you currently a member of another non-profit organization? Yes  No

If you answered yes, please list the organization(s):

Click or tap here to enter text.

***CRIMINAL HISTORY:***

Have you ever been convicted of a crime other than a misdemeanor traffic offense?

Yes No

If you answered yes, please explain: *Click or tap here to enter text. `*

In the event, upon acceptance as a member of Women Elevated, Incorporated if anything should change concerning your criminal record, the Compliance Officer must be notified within 24 hours of the alleged charge and not the conviction. Initial \*\*

Once the final disposition of the case has been reached, the Compliance Officer must be notified of the results with 24 hours. Initial \*\*

I, Print Name Here , have read and understand the requirements asked of me by Women Elevated, Incorporated, pertaining to my involvement or any new criminal charges.

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Signature of Candidate\*\* Date\*\*

\*\*Must initial, sign and date

*Please read carefully before signing the following:*

***BACKGROUND CHECK:***

As part of the membership application process, Women Elevated, Incorporated will conduct a background check on you. Such a process requires your permission for Women Elevated, Incorporated to obtain a background check from a reporting agency. You will be responsible for the cost associated with obtaining your background which is included in your membership fee. Your report may include, but not be limited to, the following information: consistent with applicable federal, state, and local laws that include obtaining information on convictions and/or pending prosecutions.

I, Name ( First, Last) , hereby authorize Women Elevated, Incorporated to conduct a background check and to investigate my qualifications as they relate to my becoming a member in the organization for which I am applying.

I understand that Women Elevated, Incorporated may utilize an outside firm or firms to assist in checking such information. I specifically authorize such an assessment by information services and outside entities of Women Elevated, Incorporated’s choice.

I agree to release and hold harmless Women Elevated, Incorporated from any and all liability with respect to receipt of such information and acknowledge that Women Elevated, Incorporated is relying on third party information and, therefore, release Women Elevated, Incorporated, its affiliates, regions, chapters, and their respected agents, officers, and employees from any and all liability arising out of errors or omissions.

I understand it is the responsibility of all those applying to correct and update negative or conflicting information found on their Background Check and that there is no appeal process.

I also understand that I may withhold my permission. In such a case, no investigation will be done and my application for membership may not be processed further.

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Signature of Candidate\*\* Date\*\*

\*\*Must sign and date