



Membership Form

Personal Information:

First Name _____ Last Name _____

Address _____

City _____ State _____ Zip Code _____

Contact Phone Number (1) _____ Contact Phone Number (2) _____

DOB _____ Email _____

Professional/Student Information:

Company/School Affiliation _____

Address _____

City _____ State _____ Zip Code _____

Position/Title _____ Dept. _____

Field of Study/Degree Program _____

Professionals:

Would you be interested in serving on the Board? Y / N

Would you be interested in providing one-on-one dissertation assistance to students? Y / N

Would you be interested in facilitating workshops at the Annual DLI Conference? Y / N

Are you willing to contribute and/or raise funds for the organizations cause? Y / N

Students:

Have you chosen a dissertation topic? Y / N

If so, what is your current topic? _____

What is your expected completion date? _____

Membership: (Select one)

☐ Undergraduate Student \$25

☐ Graduate Student \$50

☐ Faculty/Administrator/Professional \$75



Membership dues can be paid using the following methods:
(Please select your method of payment)

- ☐ On our website at www.doctoralleadership.com (Additional processing fees may apply)
- ☐ Check or money order made payable to:

Doctoral Leadership Initiative
P.O. Box 417
Terry, MS 39170

- ☐ Cashapp - \$DrSharrieffahBridges
- ☐ Venmo - @DrSharrieffah-Bridges
- ☐ Apple Pay – Sharrieffah@yahoo.com
- ☐ PayPal – Doctoralleadership@gmail.com

I hereby apply for membership into Doctoral Leadership Initiative. I understand that payment for membership is due annually, by September 1. I also understand that membership charges are not recurring and are my responsibility to pay by the deadline each year. As a member, I agree to contribute my time and efforts into advancing and growing the organization to the best of my abilities, and I commit to being a present and active participant.

Signature

Date