 **APWC Club of MAACA**

 **Registration Form**

**Our Mission**:AAPWC of MAACA was made to inspire and empower Women, Networking Connections, that support, enrich & Inspire

PROFFESSIONAL WOMEN’S CLUB -Member Registration Form

Member Full Name

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Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ethnicity (For example, Native American, Hispanic, White American, Asian American)

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Things that you are proud of doing/Awards:

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Hobbies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact information:

[board@maacaweb.org](https://web.archive.org/web/20161013202721/mailto%3Aboard%40maacaweb.org).

# SUBMIT your completed Member Application & payment for your membership fee to APWC

 Signature Date