

**CHILD HEALTH ASSOCIATION OF SEWICKLEY
MEMBERSHIP APPLICATION**

DATE OF APPLICATION:

NAME:

ADDRESS:

HOME PHONE:

CELL PHONE:

EMAIL:

Spouse's Name:

Children's Names and Ages:

Grandchildren's Names and Ages:

CHA Sponsor's Name:

1. Why do you want to be a member of Child Health?

2. Please list past volunteer work (community, school, church and other non-profit organizations, committees or groups).

3. Please list current volunteer work (community, school, church and other non-profit organizations, committees or groups).

4. Are you currently employed? Full-Time/Part-Time?
Where?

5. What is your previous employment/education/training? If you wish, you may include your resume.

6. What are your special interests or talents? (E.g., marketing, events planning, public speaking, advertising/public relations/graphic design, web site design/maintenance, office management/clerical, computer, financial, etc.)

7. If there is anything else you would like us to know about you, please tell us!

I have received and understand the Membership Requirements pertaining to (1) New Member Orientation, (2) Meeting Attendance, (3) Volunteer Service Responsibilities and (4) Financial Responsibilities, and have discussed any questions with my CHA Sponsor (or a CHA Board Member).

Applicant _____

Sponsor _____