



Membership Application

Name (PRINT CLEARLY)		Date of Birth (M/D)	Today's Date
Mailing Address		City	Zip
Contact Phone:		Alternate Phone (optional):	
Email Address (PRINT CLEARLY)			
Availability - Available for volunteer assignments on: <input type="checkbox"/> weekly weekdays <input type="checkbox"/> monthly weekdays <input type="checkbox"/> occasionally <input type="checkbox"/> special events <input type="checkbox"/> weekly weekends <input type="checkbox"/> monthly weekends <input type="checkbox"/> mornings <input type="checkbox"/> afternoons <input type="checkbox"/> evenings			
Do you have health issues we should be aware of? <input type="checkbox"/> None <input type="checkbox"/> Yes (specify)			
Emergency Contact Name	Emergency Phone	Relationship:	

AREAS OF INTEREST

POSITION	DESCRIPTION
ADMINISTRATIVE	
<input type="checkbox"/> Admin Assistant	Assist staff with various administrative duties: managing emails, event mailings, sponsorship letters
<input type="checkbox"/> Data Entry	Enter data into database or other computer work in Word or Excel
ANNUAL 5K WALK	
<input type="checkbox"/> Committee Member	Work on various committees for the Walk
<input type="checkbox"/> Walk Promotion	Distribute walk flyers and posters to local businesses/organizations
<input type="checkbox"/> Data Entry	Enter mailed in registration forms
<input type="checkbox"/> Walk-in Registration	Help walk-in registrants and give out t-shirts
<input type="checkbox"/> T-Shirt Distributor	Help distribute t-shirts to registrants
<input type="checkbox"/> Lead Walk Day Volunteer	In charge of assigned Walk day area
<input type="checkbox"/> Walk Day Volunteer	Work on Walk Day; multiple positions available
EDUCATION	
<input type="checkbox"/> Public Speaking	Speak about breast cancer survivorship to small/large groups
<input type="checkbox"/> Community Outreach	Disseminate breast cancer information and answer questions
<input type="checkbox"/> Volunteer Development	Recruit volunteers individuals/groups, assist with recruitment procedures, training programs, and recognition event (s)
<input type="checkbox"/> Community Health	Education, grants, survivorship

DEVELOPMENT/SPECIAL EVENTS

- Public Relations Assist in developing ways to enhance the visibility of Sisters Network Inc.
- Grant Writing Assists with identifying and compiling grant information
- Event Planning/Fundraising Sponsor solicitation, table sales, registration, decorations, setup and clean up
- Graphic Design Assists with designing and editing flyers and outreach material
- Information Technology Provide technology services and assists with social media maintenance

- Advocacy Analyzes public policy issues that affect Sisters Network Inc and breast cancer survivorship, making recommendations for action, writing and visiting with legislators

My signature below indicates that I am fully in agreement with the mission of Sisters Network of Tampa Bay *to increase local awareness and attention to the devastating impact that breast cancer has in the African American community.*

Signature: _____

Date: _____

Printed Name: _____

Membership Dues

\$25.00 Survivor Member

\$25.00 Non-Survivor

\$0.00 Volunteer / Supporter

Easy Ways to Join Sisters Network of Tampa Bay

- **Mail:** To submit this application by mail: Print and complete this form, mail with payment (money order or check) made payable to Sisters Network® Tampa Bay, P.O. Box 310314 Tampa FL 33680
- **Online:** Complete application and email to tampabay@sistersnetworkinc.org then visit and “Join Us!” to make payment online via credit card.
- **In Person:** Bring application and payment to any Sisters Network Tampa Bay meeting

Methods of Payment

Cash (**only accepted In Person**) Check Money Credit Card (online at: www.sistersnetworktampa.org)

Installment Option: \$25.00 (Contact us at: tampabay@sistersnetworkinc.org for payment arrangements)

~Internal Purposes Only~

Application Received by: _____

Date: _____

