

Official membership application
*REQUIRED INFORMATION
*DATE OF SUBMISSION
*FIRST NAME
*LAST NAME
FORMER NAME (if applicable)
SPOUSE/PARTNER'S FULL NAME
*STREET ADDRESS
*HOME CITY, STATE, ZIP CODE
*PHONE NUMBER
*EMAIL ADDRESS
NAME AS YOU WISH FOR IT TO APPEAR IN THE DIRECTORY
BUSINESS NAME (if applicable)
TITLE/ROLE
BUSINESS CITY, STATE, ZIP CODE
BUSINESS PHONE NUMBER

Official membership application			
	NIVERSITY OF CHICAGO formal one, such as a degree, but should as had with the University of Chicago.	d describe any meaningful	
No affiliation			
Alumna/us (degree and y	/ear)		
Spouse of alumna/us (full name, degree, and ye	ar)		
Parent of alumna/us (name, school, degree, and	d year)		
Parent of current studen (name and school)	t		
Lab alumna/us (year)			
Current Lab parent			
	IC AFFILIATIONS (if applicable) k and other relevant activities.		
*AREAS OF INTEREST Please mark an ✔ next to all a ☐ Archaeology and anthropology		Literature and poetry	
Please mark an ✓ next to all a ☐ Archaeology and anthropology ☐ Arts (visual, film,	EconomicsEducation	 Literature and poetry Medicine and biological sciences 	
 Please mark an rext to all a Archaeology and anthropology Arts (visual, film, and music) 		Medicine and biological	
Please mark an ✓ next to all a ☐ Archaeology and anthropology ☐ Arts (visual, film,	 Economics Education Environmental studies 	Medicine and biological sciences	

CONFIDENTIAL: THIS INFORMATION WILL ONLY BE SHARED WITH WOMEN'S BOARD STAFF AND WOMEN'S BOARD EXECUTIVE LEADERSHIP.

THE UNIVERSITY OF CHICAGO WOMEN'S BOARD Official membership application

***REQUIRED INFORMATION**

*NAMES OF WOMEN'S BOARD MEMBERS WHO HAVE REFERRED YOU

(Please list only those who may act as references on your behalf.)

*TO BE CONSIDERED FOR MEMBERSHIP, PLEASE INITIAL NEXT TO EACH OF THE FOLLOWING ITEMS:

_ I acknowledge that there are no Women's Board dues and that members are asked to contribute a minimum gift of \$1,000 annually to the Women's Board Grants Fund. However, the Women's Board asks all members to give to the best of their ability.

I understand that the Grants Fund supports projects throughout the University that are selected by the Women's Board Grants Committee and that 100 percent of my gift will be allocated directly to those projects.

_ I acknowledge that I will need to attend at least three programs during my first year of membership on the Women's Board.

I acknowledge that members of the Women's Board are called upon, in a general capacity, to act as advocates and ambassadors for the University of Chicago and the University of Chicago Women's Board.

_ I acknowledge that my membership begins upon the Women's Board office's receipt of this application and initial gift to the Women's Board Grants Fund of at least \$1,000. I acknowledge that members of the Women's Board are required to give to the Grants Fund once each fiscal year (July 1 through June 30).

PLEASE SAVE AND RETURN THE COMPLETED APPLICATION FORM TO THE WOMEN'S BOARD OFFICE.

TO SUBMIT BY MAIL, SEND TO:

Dorothy M. Burnett

Senior Assistant Director University of Chicago Women's Board 5235 South Harper Court, 7th floor Chicago, Illinois 60615

dorothyb@uchicago.edu 773.702.5790

If you send your application by mail, please enclose your check for the Women's Board Grants Fund with your application.

TO SUBMIT BY EMAIL, SEND TO: dorothyb@uchicago.edu

If you submit your application via email, please contact Dorothy directly to process your gift for the Grants Fund.

Applications are processed on a rolling basis. However, applications submitted after June 30 may not be processed until mid-September.

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