

QUEENS TOGETHER EMPOWERED

United in Sisterhood. Empowered in Purpose.

MEMBERSHIP APPLICATION

Thank you for your interest in joining Queens Together Empowered. Membership is open to women age 25 or older. Completing this application does not guarantee acceptance.

1. APPLICANT INFORMATION

Full name: _____

Preferred name: _____

Date of birth: _____ I am 25 or older: ☐ Yes ☐ No

Street address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Email: _____

Preferred contact method: ☐ Phone ☐ Text ☐ Email

2. EMERGENCY CONTACT

Name: _____ Relationship: _____

Phone: _____

3. GETTING TO KNOW YOU

Why would you like to join Queens Together Empowered?

Which activities interest you? Check all that apply.

☐ Travel and group outings ☐ Personal development ☐ Wellness and health

☐ Community service ☐ Social gatherings ☐ Group discussions

What skills, talents, or ideas would you like to share?

Anything we should consider to help you participate? (Optional)

4. MEMBERSHIP AGREEMENT

Please initial each statement to indicate that you understand and agree.

Initials: _____

I confirm that I am a woman age 25 or older and that the information I provided is accurate.

Initials: _____

I understand that members are expected to pay monthly dues as established by the organization.

Initials: _____	I understand that three (3) unexcused absences in a calendar year may result in removal. Excused absences do not count toward this limit.
Initials: _____	I agree to treat fellow members respectfully and follow the organization's bylaws and policies.
Initials: _____	I agree not to disclose confidential group discussions or members' personal information to nonmembers without permission, except as required or permitted by law or for appropriate safety reporting.
Initials: _____	I understand that this application is subject to membership approval.

5. APPLICANT CERTIFICATION

I certify that the information above is accurate to the best of my knowledge and acknowledge the membership expectations stated in this application.

Applicant signature: _____ Date: _____

6. FOR ORGANIZATION USE ONLY

Date received: _____ Reviewed by: _____

Decision: ☐ Approved ☐ Waitlisted ☐ Not approved

Decision date: _____ Membership start date: _____

Monthly dues information provided: ☐ Yes ☐ No

Notes: _____

QUEENS TOGETHER EMPOWERED

United in Sisterhood. Empowered in Purpose.

7. NOMINATE A QUEEN

Do you know a woman age 25 or older who could benefit from our sisterhood?

You may nominate her below. Nominations are optional and do not guarantee membership.

Nominee full name:

Nominee phone or email (only with her permission):

How do you know this woman?

Why do you believe she would benefit from Queens Together Empowered?

Has she agreed to have her contact information shared with the group?

☐ Yes ☐ No ☐ I have not asked her yet

If she has not agreed, please leave her contact information blank. Group leaders should seek her permission before collecting details or contacting her about membership.

Applicant name:

Applicant signature:

Date:

Every Queen Has a Story. Every Queen Has a Purpose.