



Women of F.I.R.E Inc.
P.O. Box 923641
Norcross, GA 30092
Affiliate Membership Application

Full Name _____ Nickname: _____

Address _____

City _____ State _____ Zip _____ Date of Birth _____

Home Telephone _____ (Work) _____ (Cell) _____

Email _____

Occupation _____ Employer _____

Please answer the following questions. If necessary attach an additional page.

1. Describe yourself.
2. What qualities will you bring to the organization?
3. Why would you like to join this Organization?
4. What do you do in your spare time?

How did you hear about FIRE?

Desired Committee (please pick at least one)

Finance [] Event Planning [] Public Relations/Community Liaison []
Fundraising [] Other [] _____

**Please attach a resume and character reference with the completed application.
Applications must be postmarked by March 31 of current year.
Return to our mailing address above to Attn: Membership Committee
Do not mail fee/payment with your application.**

Women of **F.I.R.E**