SHREVEPORT MAYOR'S WOMEN'S COMMISSION

New Member Application

(Please print or type)

Name:	**Home Phone No.**
Home Address:	**Cell Phone No.**
Employer's Name:	**Zip Code:**
Employer's Address:	**Title at Work:**
Employer's City, State:	**Work Phone No.**
Home Email:	**Work Email:**

May you be contacted at work? ☐ **Yes** ☐ **No**

Civic Involvement and Memberships:

Work Related Organizations and Memberships:

AREAS OF INTEREST *(Please check all that apply)*

☐	Mentoring	☐	Poverty	☐	Child Care
☐	Political Involvement	☐	Advocacy	☐	Economic Development
☐	Domestic Violence	☐	Quality of Life	☐	Health Issues
☐	Education and Literacy	☐	Workforce Development	☐	Other:

You are not required to complete the following section. However, since the Commission's composition is intended to reflect the makeup of the women in Shreveport, by completing this section you will help to ensure that the Commission can better meet its diversity goals.

☐ African-American ☐ Caucasian ☐ Hispanic ☐ Other ☐ 20s ☐ 30s ☐ 40s ☐ 50s ☐ 50s+

Note: The Commission's Bylaws require that 1) Commission members be residents of Shreveport or be employed in the City of Shreveport, 2) must maintain active membership, including attendance at monthly meetings and participate in Commission-sponsored events, and pay the annual assessment fee of $50.00 within a month of their being appointed to the Commission. *(The monthly meetings are held on the first Thursday of each month from 12:00 p.m. until 1:30 p.m. in the Mayor's large conference room at the Shreveport City Hall. If the meeting date falls on a city holiday, the date will be changed by the Commission.)*

Yes, I will meet the requirements for membership on the Commission.

Signature: _____ Date: _____

Please return signed application to Shreveport Mayor's Women's Commission, c/o Burnadine Anderson, Office of the Mayor, City of Shreveport, P.O. Box 31109, Shreveport, LA 71130. Applications may be submitted year around.