



Rochester Institute of Technology
Women's Council

New Member Information Form
Please Print Clearly

NAME _____ DATE _____

SPOUSE/PARTNER _____

MAILING ADDRESS _____

TELEPHONE {HOME} _____ {CELL} _____ [WORK] _____

EMAIL ADDRESS _____

EMPLOYER _____ JOB TITLE _____

NAME TAG PREFERENCE (ie KATHERINE (KATE)) _____

PROFESSIONAL AND/OR VOLUNTEER EXPERIENCE/BACKGROUND _____

HOW DID YOU BECOME INTERESTED IN RIT AND HOW WOULD YOU LIKE TO BE INVOLVED IN THE WOMEN'S COUNCIL?

DO YOU HAVE SPECIAL NEEDS (such as rides to meeting) THAT We CAN HELP WITH?

Thank you. We look forward to seeing you at upcoming meetings!

Please send to:

Audry Liao ♦ P.O. Box 307 ♦ Brockport, NY 14420