

Women's Council



MEMBER APPLICATION

Last Name _____ First Name _____ Initial _____

Address _____

Phone _____ Mobile _____ other _____

Email _____ Date _____

❖ Community volunteer experiences:

❖ Membership in other organizations:

❖ Personal interests, special skills/talents:

❖ Professional experiences:

❖ How did you become interested in the Women's Council?

Applicant must be a member of the RMSC

currently a member

planning to join RMSC*

***Please note, the application to the Women's Council cannot not be processed until you have joined the RMSC.**

Please mail the Women's Council Application, the volunteer sheet, and a check for \$20 (made out to the RMSC Women's Council) in the enclosed addressed envelope

If you are not a RMSC member, please mail the museum membership form (with the level of membership you desire) and a check made out to Rochester Museum and Science Center to: Rochester Museum and Science Center, 657 East Avenue, Rochester, NY 14607, Attn: Membership.