



### Membership Application

Today's Date: \_\_\_\_\_  New Membership  Renewal Membership

Your Full Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Place of Employment (if applicable): \_\_\_\_\_

Position/Title (if applicable): \_\_\_\_\_

Home Phone: \_\_\_\_\_  Do not publish  OK to publish

Business Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Fax Number: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

I would be interested in serving on the following committee(s):

- Community Service/Grants
- Historical
- Hospitality
- Membership
- Communications
- Scholarship
- Public Relations

Please complete and mail along with a \$40 check or money order made out to Women Professionals in Government to:  
Jeraine Root, WPG Membership Chair  
P.O. Box 53057  
Houston, TX 77052-3057