

# Women of Color

Breast Cancer Survivors' Support Project



## 2024 Membership Application/Renewal Form

*Support. Intervention. Education. Change.*

*(Please Print)*

Name: \_\_\_\_\_

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

City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Marital Status: \_\_\_\_\_ Children? (y/n) \_\_\_\_\_

Are you a cancer survivor? (y/n) \_\_\_\_\_ If yes, type of cancer: \_\_\_\_\_ Year of diagnosis: \_\_\_\_\_

How can Women of Color further assist you in your recovery? \_\_\_\_\_

### General Information

Interest Areas/Hobbies: \_\_\_\_\_

Would you participate within the organization? (y/n) \_\_\_\_\_ What year did you join WOC? \_\_\_\_\_

Areas: Outreach Volunteer \_\_\_\_\_ Media Interviews \_\_\_\_\_ Event Committees \_\_\_\_\_ Technology/Web Services \_\_\_\_\_

Emergency Contact: Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

In order to provide our members with quality resources and programs, we are suggesting an annual donation of \$25.00. Please make checks or money order to WOC. For Zelle please use 310-330-5140 or [info@woc4you.org](mailto:info@woc4you.org)

Donation Included? (y/n) \_\_\_\_\_

Please circle payment type: Cash Check Money Order Zelle

P.O. Box 9026 | Inglewood, CA 90305 | 310.330.5140 | [www.woc4you.org](http://www.woc4you.org)

*Thank you!*