

GREATER WOMEN'S BUSINESS COUNCIL COMMITTEE PARTICIPATION APPLICATION



NAME																	
TITLE/POSITION																	
ORGANIZATION NAME																	
BUSINESS TYPE																	
ADDRESS																	
CITY						STATE				ZIP CODE							
EMAIL								ALTERNATE EMAIL									
MOBILE PHONE						WORK PHONE						OTHER PHONE					
CERTIFIED WBE						CORPORATE						OTHER					

COMMITTEE INTEREST

PLEASE INDICATE YOUR COMMITTEES OF CHOICE

CERTIFICATION		THE VOICE FORUM	
DIPLOMATS		PUBLIC POLICY	
EVENTS		AWARDS & RECOGNITION	
PROGRAMS		REVENUE GENERATION	
MENTOR PROTÉGÉ		TECHNOLOGY	
Marketing Committee			

WOULD YOU BE INTERESTED IN SERVING AS
A COMMITTEE CHAIR OR CO-CHAIR?

YES
 NO

AVAILABILITY

PLEASE INDICATE YOUR AVAILABILITY FOR SERVICE

1-5 HOURS PER MONTH			6-10 HOURS PER MONTH			11+ HOURS PER MONTH						
MORNINGS			AFTERNOONS			EVENINGS						
MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		SATURDAY		SUNDAY
PREFERENCES												

PREVIOUS VOLUNTEER EXPERIENCE & AREAS OF EXPERTISE

PLEASE INDICATE ANY PREVIOUS VOLUNTEER EXPERIENCE AND SPECIAL SKILLS OR QUALIFICATIONS

SIGNATURE: _____

DATE: _____

Your typed name will suffice as your email signature

[Click here to submit your electronic application](#)

or save and email the completed application to committees@gwbc.biz

Thank you for submitting your application. You will be notified of the next steps within two weeks.