

## APPLICATION

Name \_\_\_\_\_

Position \_\_\_\_\_

Business Name \_\_\_\_\_

Business Address \_\_\_\_\_

Business Telephone \_\_\_\_\_

Business Fax \_\_\_\_\_

Business E-Mail \_\_\_\_\_

Home Address \_\_\_\_\_

Home Telephone \_\_\_\_\_

Home Fax \_\_\_\_\_

Personal E-Mail \_\_\_\_\_

Brief Biography, e.g. education, interests, expertise (or attach resume to application)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Sponsor Name \_\_\_\_\_ Telephone \_\_\_\_\_

E-Mail \_\_\_\_\_

## **MEMBERSHIP CRITERIA**

All applicants must be sponsored by a current TRUST member.

The sponsor must:

- know the applicant personally,
- and believe that the applicant will be an active participant in, and asset to, the TRUST.

The applicant must:

- be currently active in healthcare or a health related field,
- have been in an influential policy-setting or leadership position for at least one year,
- have made a significant contribution to healthcare or a related field, and
- be committed to the advancement of women in healthcare.

## **APPLICATION INSTRUCTIONS**

Please send the completed application and a dues check for \$125.00 payable to the Women's Health Leadership Trust to:

Women's Health Leadership Trust  
6320 Warren Avenue South  
Minneapolis, MN 55439  
952-829-5937  
(Fax): 952-829-5891