



145 Fleet Street • #106 • National Harbor • Maryland 20745 • www.inwem.org

2017 inWEM Membership/Renewal Application

All prospective members of inWEM are required to complete this application form. Indicate any changes; Membership runs from January 1st to December 31st, 2018

NEW MEMBERSHIP **RENEWAL** **Changes for directory**

We thank you for your interest in becoming an inWEM member. We are delighted you have chosen to become part of our network. We hope that you will find membership an enriching experience and encourage you to explore serving on one of our committees. All information in this application will be treated confidentially. For more information about membership, including types of members, rates and benefits,, please visit the Membership section of our website, www.inwem.org or contact Blythe Joy Patenaude at (202) 386-0906 or bpatenaude.inwem@gmail.com.

SECTION I: MEMBER CONTACT INFORMATION

TITLE	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	<input type="checkbox"/> Dr.
NAME					
ADDRESS 1				MAIN TELEPHONE	
ADDRESS 2				WORK TELEPHONE (if	
ADDRESS 3				HOME TELEPHONE	
TOWN/CITY				MOBILE PHONE	
ZIP CODE				PRIMARY EMAIL	
JOB TITLE:				SECONDARY EMAIL	

*Star the e-mail and phone number you would like listed in the directory

SECTION 2: MEMBERSHIP TYPE AND PAYMENT DETAILS

MEMBER TYPE	DESCRIPTION	MEMBERSHIP DUES (Annual)	Please Check
FOUNDING	Founding Membership	\$125.00	
	Individual Membership	\$55.00 1 year or \$90.00 2 years	
STUDENT	Student Membership	\$25.00	
AFFILIATE ORGANIZATION	Affiliate Organization Member (2 representatives)	\$350.00	
	For Membership descriptions see website http://www.inwem.org/membership		
PAYMENT METHOD	<input type="checkbox"/> Institutional Check <input type="checkbox"/> Personal Check <input type="checkbox"/> Online Payment		

SECTION 3: MEMBER INFORMATION

OCCUPATION /JOB TITLE:

Are you interested/ willing to serve on a committee: Yes Not at this time

Indicate preference 1-3

___ Membership ___ Program Development ___ Mentoring ___ By Laws ___ Communications

Please indicate if you would be willing to serve on a state or regional chapter development committee?

Yes Not at this time FEMA REGION | 2 3 4 5 6 7 8 9 10 Intl State/country: _____

Do you have a friend you would like to have join the inWEM with you? Yes Not at this time

If so, give her/his name and contact information

Name:
(Agency/Org, if available):
Address:
City/State/Zip:
Phone/Email:

Are you interested in serving as a mentor? Yes No Not sure. Please send information

Are you interested in being mentored? Yes No

What are your interests?

How do you self-identify within the field?

Emergency Management CEM AEM Planning Preparedness Response Recovery Mitigation Other _____

Homeland Security Terrorism Cyber security Immigration Other _____

Do you have any immediate needs/interest that you are looking to inWEM to fill?

No Networking Career Development Mentor/Mentee Academic Connections

List any concerns, experiences, or anything else you would want us to know about you:

Regardless of payment method used, please **make sure to send a copy of your membership form** to bpatenaude.inwem@gmail.com. Mail completed form and payment to: International Network of Women in Emergency Management, 145 Fleet Street, #106, National Harbor, MD 20745.

Applicant's Signature: _____

Applicant's Printed/Typed Name: _____

Date: _____