



# Sisters Network® Inc.

## Associate Membership Form (Non-Survivor)

2922 Rosedale Street • Houston, TX 77040

713.781.0255 phone • 713.780.8998 fax

website: [www.sistersnetworkinc.org](http://www.sistersnetworkinc.org) • email: [infont@sistersnetworkinc.org](mailto:infont@sistersnetworkinc.org)

**Yes! I wish to improve the health of African American women by joining Sisters Network® Inc. as an Associate Member (non-survivor). As an Associate Member you will receive the following benefits: e-newsletter (includes press release), a membership certificate and invitations to national events. You will also lend your expertise in the areas listed on page 2 of the application.**

### Associate Membership Fees

- \$100.00 (individual)
- \$150.00 (physician)
- \$300.00 (church/group)
- \$400.00 (Medical/Healthcare Organization)
- \$1,000.00 (Corporation)

#### There are 3 Easy Ways to Join Sisters Network Inc.

- By Phone: 1-866-781-1808 between the hours of 10am and 5pm (CST), Monday-Friday.(credit card only)
- **By Fax:** Fax application and include credit card information to **713-780-8998**.
- **By Mail:** Print and complete this form, mail with payment (check, money order, or credit card) to Sisters Network Inc., Associate Membership, 2922 Rosedale St. Houston, TX 77004

Name (PRINT CLEARLY)		Date of Birth (M/D)	Today's Date
Mailing Address		City	Zip
Contact Phone #1	Contact Phone # 2	Mobile Phone	
Email Address (PRINT CLEARLY)		I prefer to be contacted by: <input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> Text	
Employer:		Position:	

### Method of Payment

- Check (Payable to Sisters Network Inc.)     Money Order     Credit Card (MC, Visa and AmEX)

Credit Card # \_\_\_\_\_ Total Amount: \$ \_\_\_\_\_ (Fees listed above)

Expiration Date: \_\_\_\_\_ CCV: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Credit card billing address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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<b>Associate Member Name:</b> _____		
<b>Availability</b>		
How often do you want to volunteer? <input type="checkbox"/> weekly weekdays <input type="checkbox"/> monthly weekdays <input type="checkbox"/> occasionally <input type="checkbox"/> special events		
<input type="checkbox"/> weekly weekends <input type="checkbox"/> monthly weekends		
Available for volunteer assignments on: <input type="checkbox"/> mornings <input type="checkbox"/> afternoons <input type="checkbox"/> evenings		
Do you have health issues we should be aware of? <input type="checkbox"/> None <input type="checkbox"/> Yes (specify)		
Emergency Contact Name	Emergency Phone	Relationship to Volunteer

### AREAS OF INTEREST

POSITION	DESCRIPTION
<b>ADMINISTRATIVE</b>	<b>Monday – Friday, 9:00am – 5:00pm</b>
<input type="checkbox"/> Office Assistant	Assist staff with various administrative duties: answering phone, faxing, copies and mailings
<input type="checkbox"/> Data Entry	Enter data into RE database or other computer work in Word or Excel
<b>WALK</b>	
<input type="checkbox"/> Committee Member	Work on various committees for the Walk
<input type="checkbox"/> Walk Promotion	Distribute walk flyers and posters to local businesses/organizations (January, February & March)
<input type="checkbox"/> Data Entry	Enter mailed in registration forms
<input type="checkbox"/> Walk-in Registration	Help walk-in registrants and give out t-shirts
<input type="checkbox"/> T-Shirt Distributor	Help distribute t-shirts to team captains
<input type="checkbox"/> Lead Walk Day Volunteer	In charge of assigned Walk day area
<input type="checkbox"/> Walk Day Volunteer	Work on Walk Day; multiple positions available
<b>EDUCATION</b>	
<input type="checkbox"/> Public Speaking	Speak about breast cancer survivorship to small/large groups
<input type="checkbox"/> Community Outreach	Disseminate breast cancer information and answer questions
<input type="checkbox"/> Volunteer Development	Recruit volunteers individuals/groups, assist with recruitment procedures, training programs, and recognition event (s)
<input type="checkbox"/> Community Health	Education, grants, survivorship
<b>DEVELOPMENT/SPECIAL EVENTS</b>	
<input type="checkbox"/> Public Relations	Assist in developing ways to enhance the visibility of Sisters Network Inc.
<input type="checkbox"/> Grant Writing	Assists with identifying and compiling grant information
<input type="checkbox"/> Event Planning/Fundraising	Sponsor solicitation, table sales, registration, decorations, setup and clean up
<input type="checkbox"/> Graphic Design	Assists with designing and editing flyers and outreach material
<input type="checkbox"/> Information Technology	Provide technology services and assists with website maintenance
<input type="checkbox"/> Advocacy	Analyzes public policy issues that affect Sisters Network Inc and breast cancer survivorship, making recommendations for action, writing and visiting with legislators

**Thank you for your interest and support of Sisters Network® Inc.**

Please return this form to SNI by fax 713.780.8998 or email [infonet@sistersnetworkinc.org](mailto:infonet@sistersnetworkinc.org)