

# INDIVIDUAL MEMBERSHIP APPLICATION

I want to be a member of (you may choose as many as your supervisor will allow)

- American Indian Program Council      \_\_\_ Asian/Pacific Islander Program Council  
\_\_\_ Black employment Program Council      \_\_\_ Gay, Lesbian, Bisexual Transgender (GLBT)  
\_\_\_ Federal Women's Program      \_\_\_ Hispanic Employment Program

## Membership Status

\_\_\_ New      \_\_\_ Current Member      \_\_\_ I have previously been a member and an officer

## Membership Information (Please print or type clearly, exactly as you wish information to appear on membership certificate)

Name (First, MI, Last) \_\_\_\_\_

Agency Name \_\_\_\_\_

Agency Address \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ CO \_\_\_\_\_ Zip \_\_\_\_\_

Phone (Office) \_\_\_\_\_ (Fax) \_\_\_\_\_ (Cell) \_\_\_\_\_

E-Mail \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

Supervisor's E-Mail \_\_\_\_\_

## I would be interested in serving as a/an:

\_\_\_ Member for (Committee/s) \_\_\_\_\_

The Members consist of agency members, subject to supervisory approval, who are interested in participating in furthering the goals of chosen committee/s. **Time commitment is approximately 5 hours per month.**

\_\_\_ Officer for (Committee/s) \_\_\_\_\_

Please contact the Denver Federal Executive Board for a Point of Contact.

## I would be interested in forming a Denver Federal Executive Board sponsored:

\_\_\_ Disability Council

\_\_\_ Veterans Council

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Mail to:** Denver Federal Executive Board, 6760 E. Irvington Place, Denver CO 80279

**Fax to:** 303-676-6666