



P.O. Box 230784 Boston, MA 02123

ramsui2023@gmail.com

Membership Application

Date: _____

Name: _____
 First M.I. Last

Address: _____

Phone: _____ E-mail : _____

Date of Birth: _____ Pronouns: _____
 Month/ Day/Year

Ethnicity: _____ Languages: _____

Contact In Case of Emergency: _____ Phone: _____

Employment (Present)

Business Name _____ Type of Business _____

Your title _____

Address _____

Phone _____ E-mail _____

Preferred method of contact: () Phone _____ () Email _____

Please list boards and committees you serve or served on (business, civic, community, fraternal, political, professional, recreational, religious, social).

Organization	Role/Title	Dates of Service
_____	_____	_____
_____	_____	_____
_____	_____	_____

How do you feel your Organizational experience would benefit from your involvement as a member?

How do you feel you can benefit the Organization?

REFERENCES (Please give us 2)

Business Name _____ Type of Business _____

Contact Person: _____

Address _____

Phone _____ E-mail _____

Business Name _____ Type of Business _____

Contact Person: _____

Address _____

Phone _____ E-mail _____

Skills, experience and interests: (Please circle or highlight all that apply)

Finance, accounting
Administration, management
Community service
Program evaluation
Education, instruction
Grant writing
Outreach, advocacy

Personnel, human resources
Non-profit experience
Policy development
Public relations, communications
Special events
Fundraising
Other: _____

Please tell us anything else you'd like to share.

Salem United, Inc. committees of interests: (Please X, circle or highlight all that apply)

Communication/Media	Entertainment	Exhibition	Events/Gala
Kids' Corner	Parade	Flag	Pavilion
Sports	Vendor	Volunteer	Float

Membership Fee: \$30.00

*Note: Please return this application to the email listed below and mail check to:

Salem United, c/o Doreen Wade, President, 62 Frederick Street, Unit 33, Dracut, MA 01826
joshuagerloff@gmail.com