

**Haitian American Professional Women Alliance (HAPWA), Inc.**  
**501(c)(3) Nonprofit Organization**



hapwa2008@gmail.com

www.hapwainc.org

## Membership Application

### 1) Applicant Information

First Name

Middle

Last Name

Preferred Name

Pronouns

Date of Birth (MM/DD/YYYY)

Primary Email

Mobile Phone

Street Address

City State ZIP

Country

### 2) Professional Information

Employer / Organization

Job Title

Industry / Field

Years of Experience

LinkedIn / Website



## 8) Additional Information – Reason for Joining HAPWA

(Please share briefly why you wish to become a member.)

## 9) Monthly meeting requirements

**Note:** Members' monthly meetings (virtual and/or in person) are mandatory on the last Saturday of every month. IF unable to attend meeting, committee reports, ideas, updates can be emailed to [hapwa2008@gmail.com](mailto:hapwa2008@gmail.com) by 8:00PM, the Wednesday prior to meeting.

Please indicate any conflict this meeting may have with other priorities (Check one):

- No Conflict
- Some Conflict
- May need periodical adjustments to date and time

## 10) Signature and Date

### Membership Commitment

By signing below, I affirm my interest in supporting the mission of HAPWA, Inc. *to assist Haitian American women in making career choices that are best for them and their families*", all while safeguarding the pledge *to educate, mentor, and support Haitian American women, to reinforce and preserve our cultural values*. I will do my part to empower, connect, and advance Haitian American Professional Women through leadership, collaboration, and service.

\_\_\_\_\_  
Sign

\_\_\_\_\_  
Date



**Please allow 15-30 Business days for Membership Application to be reviewed.**

Once a decision is reached, you will be notified via email/text.

Thank you for your interest in helping HAPWA change the World through Women's Works.