

**WOMEN'S EMPOWERMENT PROGRAM
-NEW AMERICAN CONSORTIUM-**

INTEREST FORM

Name _____ Date of Birth (Month/Day/Year) _____

Address _____ City/State/Zip _____

Home Phone _____ Work Phone _____

Cell Phone _____ Email _____

Days/Hours Available _____

Emergency Contact Name _____

Emergency Contact Phone _____

Mark the topics you are interested in learning more about:

- | | |
|---|---|
| <input type="checkbox"/> Self Esteem and Body Image | <input type="checkbox"/> Health and Wellness |
| <input type="checkbox"/> Leadership | <input type="checkbox"/> Gender Equality |
| <input type="checkbox"/> Education | <input type="checkbox"/> Domestic Violence |
| <input type="checkbox"/> Professional Development | <input type="checkbox"/> Violence Against Women |
| <input type="checkbox"/> Community Involvement | <input type="checkbox"/> Other: _____ |

Are you interested in teaching a class or leading a meeting? If yes, what about? _____

How did you hear about the Women's Empowerment Program?

- | | |
|---|---|
| <input type="checkbox"/> Online (Facebook, New American Consortium website, etc.) | <input type="checkbox"/> From a friend |
| <input type="checkbox"/> New American Consortium's Office | <input type="checkbox"/> Newspaper, radio, TV |
| | <input type="checkbox"/> Other: _____ |

I certify that the above information is true, to the best of my knowledge.

Signature _____ Date _____

Completed form should be sent to the New American Consortium at 15 South 21st Street, Suite 21, Fargo, ND 58103, faxed to (701) 478-3637, or emailed to asche.darci@gmail.com

For Office Use

Date Started: _____ Date Ended: _____

Details: _____
