



When In Need Foundation Membership Application Form

Yes, I would like to: Join WIN Join the WIN Mailing List

Name: _____

Position: _____

Organization/Company: _____

Postal Address: _____

Post Code: _____

Email: _____

Phone: (work hours) _____

Mobile: _____

When In Need Foundation is a global NGO with a Humanitarian Purpose. Please tell us a little about yourself:

How did you learn about us?	<input type="checkbox"/> Website <input type="checkbox"/> Member <input type="checkbox"/> Search Engine <input type="checkbox"/> Other
What is your level of education?	<input type="checkbox"/> Diploma <input type="checkbox"/> Trade School <input type="checkbox"/> Bachelors <input type="checkbox"/> Masters <input type="checkbox"/> Doctoral
How long have you been a Humanitarian?	<input type="checkbox"/> Less than 2 yrs <input type="checkbox"/> 2 – 5 years <input type="checkbox"/> 5 to 10 years <input type="checkbox"/> 10+ years
How long do you envision yourself to remain in industry of Humanitarian Aid?	<input type="checkbox"/> Less than 1 yrs <input type="checkbox"/> 1 – 5 years <input type="checkbox"/> Rest of Career <input type="checkbox"/> Unsure
How would you describe your current role?	<input type="checkbox"/> Entry <input type="checkbox"/> Operational <input type="checkbox"/> Middle Manager <input type="checkbox"/> Senior/Exec Manager

If you are interested in participating in one of the WIN committees, please check the appropriate box:

Membership Events Planning Medical Missions Research Agriculture Education Marketing & Communications Media & PR Fundraising Social Work

MEMBERSHIP CATEGORIES

- \$50.00 Individual Membership
 \$100.00 Non Profit Membership
 \$150.00 Corporate Membership
 FREE Student Membership

More information on When In Need Foundation membership can be found at: www.winfound.org

PAYMENT METHODS

- Paypal (online at <http://winfound.org/donate/>)
 Credit Card (VISA/MASTER) Card Holder Name: _____ Expiry Date: _____
Card Number: _____
 Cheque Please record your payment receipt #

Signature: _____ Date: _____

Please complete this form & return to: whenineedfoundation@gmail.com

RECEIPT / INVOICE – This document will become your **RECEIPT / INVOICE** when completed & payment is made in full so please keep a copy for your records.

PRIVACY DISCLAIMER – The collection of these details is primarily so that we can register you as a member of WIN. This information will be stored in the WIN database and may be used for future marketing of WIN's Events. If you do not wish your details to be made public in any way, please check this box [].