



Sacajawea Non-Profit Housing Inc. Membership
Application Form

Date: _____ **Other Membership:** _____

Name: _____ **Phone:** _____

E-Mail: Address: _____

Relevant experience and/or employment (attach a resume if relevant) _____

Why are you interested in our organization? _____

Area(s) of expertise/contribution you feel you can make _____

Other volunteer commitments _____

Thank you for completing this application for Membership. We will be in contact.

To: Secretary of the Board or Executive Director.