Membership Form

Become a CIWiL Member!

The Caribbean Women in Leadership (CIWiL) is a non-political, non-partisan, and independent organization established to monitor, strengthen and increase women’s political participation and leadership in the region.

Through your membership you are demonstrating your commitment to changing the leadership landscape in the Caribbean for the better.

Membership fees for CIWiL are determined by the National Chapter. Your membership will last for one year from the date of payment.

Please provide the details requested below and attach the appropriate payment.

Name: _________________________________________________________________

Occupation: ____________________________________________________________

Organization/Affiliation: ________________________________________________
_______________________________________________________________________

Telephone: _____________________________________________________________

Address: _____________________ _________________________________________
_______________________________________________________________________

Country: _______________________________________________________________

Email: _________________________________________________________________

Social Media Addresses: ________________________________________________
_______________________________________________________________________
Age Range:

<table>
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<tr>
<th></th>
<th>18-24</th>
<th>25-34</th>
<th>35-44</th>
<th>45-54</th>
<th>55-64</th>
<th>65-74</th>
<th>75+</th>
</tr>
</thead>
</table>

What are your main areas of interest?

1. ____________________________
2. ____________________________
3. ____________________________
4. ____________________________

Method of Payment

☐ Cash Attached
☐ Cheque Attached
☐ Online Transfer

Amount: ____________________________

Other Information: CIWiL is committed to diversity and inclusion. Are you publicly active for a particular political party?

☐ Yes  ☐ No

Confidentiality

I hereby acknowledge that I shall have access to confidential information, including but not limited to membership and organizational discussions and initiatives; legal, financial, and other proprietary information about the organization. I agree that I will not at any time divulge any such confidential information, nor transfer any such confidential information to any third party, nor use any such confidential information for my own purpose or for any purpose other than in connection with my role as a member of the CIWiL National Chapter, unless such disclosure shall have been approved in writing in advance by the Organization.

Signature ______________________________________________________________

Date Submitted: _________________________________________________________

Please submit completed form to the CIWiL Secretariat:
c/o Project Coordinator, info@ciwil.org