



Arizona Rural Women's Health Network New Member Application

Potential Arizona Rural Women's Health Network (AzRWHN) partner organizations, having either approached the Network or been invited to join, are asked to complete and submit the following membership application questionnaire.

Network Leadership Team Members will review the application, decide whether to approve the application, and inform the applicant of their decision.

See AzRWHN Member Orientation Packet *and Operating Procedures Article II: Membership* for more information on requirements and becoming a member.

1. Organization Name:
2. Mailing Address:
3. Street Address (if different):
4. Phone:
5. Fax:
6. Contact person name:
7. Contact person title:
8. Contact person email:
9. Contact person phone:
10. Website:
11. Year Organized:
12. Mission:
13. Purpose:
14. Programs related to Rural Women's Health:
15. Programs related to Rural Sexual Violence:
16. Why does your organization want to become a member of AzRWHN?
17. What will your organization bring to the Network?
18. What value will your organization derive from membership in AzRWHN?