



Iowa Women In Natural Resources Membership Form

Name: _____

Title/Profession: _____ **Years in Profession:** _____

Professional Duties/Interests: _____

Work Info: Address: _____

City, State, Zip: _____

Email: _____

Home Info: Address: _____

City, State, Zip: _____

Email: _____

Education: _____

Past Experience/Volunteer: _____

Other Organizations: _____

Personal Interests: _____

Membership Fee: _____ Active \$15 _____ Family \$20 _____ Student \$10 _____ Sponsoring \$25

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