



Instructions: You may edit this form online and print for your convenience.

Affiliate Fund Membership Application

- African American Fund
- Hispanic Fund
- Women's Fund

Name of Applicant: _____

Address: _____

Telephone: Home _____ Work _____ Cell _____

Email address: _____

Employment information:

Place of employment: _____

Position: _____

Volunteer experience: *Please list three most current.*

Organization: _____

Date(s) of service: _____

Description of organization's purpose:

Organization: _____

Date(s) of service: _____

Description of organization's purpose:



Community Foundation
LORAIN COUNTY

Organization: _____

Date(s) of service: _____

Description of organization's purpose:

Please explain your interest in joining the Fund.

Please list below skills that you possess that would be valuable to our organization.

References: List below the names and telephone numbers of three people we can contact.

Signature of Applicant: _____

Date of Application: _____

Print and mail your application to:
Community Foundation of Lorain County
9080 Leavitt Road
Elyria, OH 44035