



# KOWIN Los Angeles

## Membership Application

### Applicant Information

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Last First M.I. Birth:

Address: \_\_\_\_\_  
Street Address Apartment/Unit #

City State ZIP Code

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Occupation Title ( 직업 ) : \_\_\_\_\_

Career Field ( 분야 ) : \_\_\_\_\_

Are you a citizen of the United States? YES NO

Have you ever worked for Non-Profit Organization? YES NO If yes, when, \_\_\_\_\_

If yes, name of organization: \_\_\_\_\_

### Education

High School: \_\_\_\_\_

College: \_\_\_\_\_

Other: \_\_\_\_\_

### Recommended By

*Please list two KOWIN Member References:*

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature : \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature : \_\_\_\_\_

**Work History**

- 1. \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_
- 2. \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_
- 3. \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

**Community Service**

- 1. \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_
- 2. \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_
- 3. \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_
- 4. \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

**Disclaimer and Signature**

*I certify that my answers are true and complete to the best of my knowledge.*

*If this application leads to MEMBERSHIP, I understand that false or misleading information in my application or interview may result in my release.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_