



**HEAD QUARTER**

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**APPLICATION FOR INDIVIDUAL MEMBERSHIP (Yearly Dues: \$-----)**

Insurmountable Women Worldwide Empowerment Organization (IWWEO) is a non-profit organization in America which mission is but not limited to enlightening and sensitizing the silent majority of International and Africans Women at home on the imperativeness of participating in issues relating to the impact of population on environment-HIV, AIDS, Malaria, Women Empowerment via the instrumentality of skill acquisition programs by evolving and creating a synergy and collaboration between International and African Women in Diaspora and those at home.

Last Name \_\_\_\_\_ First/Middle Name: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZipCode \_\_\_\_\_

Telephone: \_\_\_\_\_ Email address: \_\_\_\_\_

Additional contact information: \_\_\_\_\_

Gender: Male \_\_\_\_\_ Female \_\_\_\_\_ Place of Birth \_\_\_\_\_ State of Origin \_\_\_\_\_

Alma Mater: \_\_\_\_\_

Profession: \_\_\_\_\_ Educational Qualification: \_\_\_\_\_

Professional Experience:  
\_\_\_\_\_  
\_\_\_\_\_

Affiliation/Professional: \_\_\_\_\_ Month & Day of Birth- No Year Please.. \_\_\_\_\_

How did you hear about IWWEO nonprofit organization?  
\_\_\_\_\_  
\_\_\_\_\_

I certify that I am 21 years of age and over, and the information I have provided is true. I undertake to abide by the bylaw of the organization in furtherance of its goals and objectives.

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