

Please include me in the current IWINR Membership Directory!

Name: _____

Title/Profession: _____

Professional Duties/Interests:

Work Info: (address, phone, fax, e-mail, etc.)

Home Info: (same)

Contact Preference: home, work, etc.

Years in Profession: _____

Education: (degree, major, school): _____

Past Experience/Volunteer Work: (position, who/where, etc.)

Other Organizations:

Personal Interests:

Other: (goals, quotes, etc.)

When completed, mail to:

**IWINR
P.O. Box 37286
Des Moines, IA 50315-0320
(for inclusion in next directory/update)**

THANKS!!