



Smithsonian
Affiliate Membership

L.A.D.D.E.R.S. Afterschool Program RECOMMENDATION FORM



(Please Print Black or Blue Ink or Type)

STUDENT INFORMATION				
Last name:		First:		Middle:
Home Street address:		Email Address:		Home phone ()
P.O. box: (if applicable)		City:	State:	ZIP Code:
RECOMMENDATION SOURCE INFORMATION				
Last name:		First:		Middle:
Home Street address:		Email Address:		Home phone ()
P.O. box: (if applicable)		City:	State:	ZIP Code:

Please give us a brief biographical description of who you are, your interests, favorite things to do, study, etc.

Office Use			
Date form received in WM:	Person receiving form:	Application Complete: Yes / No	Applicant acceptance letter sent on:

The above information is true to the best of my knowledge.

***This signature gives The Women's Museum the right to use participant images for Marketing purposes.**

Signature of parent/guardian: _____ Date: _____