



# Business and Professional Women / PA

*To achieve equity for all women in the workplace through advocacy, education and information.*

www.bpwpa.org

## INDIVIDUAL DEVELOPMENT BIOGRAPHICAL INFORMATION

This information will be used as part of the ID introduction during the competition at all levels. You may attach additional sheets as necessary including a resume but you are limited to a total of six pages. The information must be typed. **In addition, please attach a color photo with this biographical information.** This form and the photo must be submitted **ELECTRONICALLY** to [sanmmw@verizon.net](mailto:sanmmw@verizon.net) by 5:00 pm on May 1, 2020.

### PERSONAL DATA

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

E-Mail: \_\_\_\_\_

### EMPLOYMENT

**Present Position:** \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_

(If not presently employed, please describe last employment)

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Job Title: \_\_\_\_\_

Job Description/Duties:

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**EDUCATION**

Undergraduate School and Location:

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Degree: \_\_\_\_\_ Major Field of Study: \_\_\_\_\_

Graduate School and Location:

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Degree: \_\_\_\_\_ Major Field of Study: \_\_\_\_\_

Business/Technical School and Location:

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Certificate/Degree: \_\_\_\_\_ Major Field of Study: \_\_\_\_\_

Other Education or Training: \_\_\_\_\_

**AWARDS/HONORS:**

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**PUBLICATIONS, PAPERS PRESENTED, SPEECHES GIVEN:**

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**MEMBERSHIPS:**

Name of Local Organization: \_\_\_\_\_

Brief description activities, committees, leadership position in BPW:

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Are you a Member-At-Large: Yes \_\_\_\_\_ No \_\_\_\_\_

Others:

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**INFORMATION FOR PUBLICITY PURPOSES:**

A news release announcing your participation in the Individual Development Program may be sent out. For this purpose, please provide the names, addresses and telephone/fax numbers and e-mail addresses of your local newspapers, television and radio stations:

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You have my permission to use my name, profession, address, phone, fax contacts and e-mail address on the pwusa.org website that offers the brief information on State Individual Development Representatives. Check for "yes" or "no" and please initial: \_\_\_\_Yes \_\_\_\_No

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