



KAFL/KAFEL APPLICATION FORM

Thank you for your interest in joining the **Kick-Ass Female (KAFL) and Emerging Leaders (KAFEL) Group!**

KAFL: Sisters in Strength—Fierce, Fun, Fearless, and Future-Ready!

MISSION: To foster a supportive environment for minority female leaders to share experiences, discuss challenges, and uplift each other as we aim to live a balanced life.

VISION: To be a beacon of unity and empowerment for current and future female leaders of our community.

VALUES: Collaboration, Support, Continuous Growth, Empowerment, Inclusivity, and Community Impact

Please fill out the application below.

PERSONAL INFORMATION

Name: _____ **Phone Number:** _____

Email Address: _____ **LinkedIn:** _____

I identify my gender as:

Man **Woman** **Genderqueer/Non-Binary**

Ethnicity: We are committed to creating an inclusive and diverse environment. Please select your ethnicity from the list below. This information is used solely for statistical purposes and will not affect your application.

Asian

East Asian (e.g., Chinese, Japanese, Korean)

Southeast Asian (e.g., Filipino, Vietnamese, Thai)

South Asian (e.g., Indian, Pakistani, Bangladeshi)

Middle Eastern (e.g., Iranian, Arab, Turkish)

Central Asian (e.g., Uzbek, Kazakh, Tajikistani)



- Black or African American
- Hispanic or Latino
- Native American or Alaska Native
- Native Hawaiian or Other Pacific Islander
- White
- Two or More Races

PROFESSIONAL INFORMATION

Current Position: _____ **Years in Position:** _____

Company/Organization: _____

Industry: _____

Years of Industry Experience: _____ **Years of Leadership Experience:** _____

Business Ownership Status (If applicable): Owner Co-owner Other _____

Leadership Level: Director Vice President Executive

Other (please specify): _____

KAFL/KAFL ELIGIBILITY QUESTIONS

Years of Combined Leadership Experience 10 + < 10 years

Notable Community Contribution or Volunteer Experience:



I certify that the information provided in this application is true and complete to the best of my knowledge.

Legal Name: _____

Signature: _____ **Date:** _____

Thank you for your application. We will get back with you soon. #KAFL

Note: To sustain KAFL's high-quality resources and benefits available to the members, a membership fee of \$250 will be assessed upon submission of your application (\$100 for KAFEL). This investment ensures access to unparalleled networking opportunities, expert mentorship, exclusive events, and a wealth of other resources tailored to support your entrepreneurial and/or leadership journey.

Questions? Email: KAFL@aapichamber.com