

Together, America Prospers

## USDA Rural Development Rural Workforce Innovation Network (RWIN) Membership Form

Thank you for your interest. To join the Rural Workforce Innovation Network, please complete this form and click the "Submit" button at the bottom of this screen. If you have any questions, please send an email with "RWIN Membership" in the subject line to:

RD.Innovation.RWIN@usda.gov.

\* Required

OMB No. 0503-0024 Expires 04/30/2023

## 1. Date: \*

Please input date in format of M/d/yyyy



## 2. Name of Organization \*

Enter your answer

3. Address: *	
Enter you	ur answer
4. City *	
Enter you	ur answer
5. State or T	erritory *
Enter you	ur answer
6. Zip Code	*
Enter you	ur answer
7. Website l	JRL (if applicable)
Enter you	ur answer
8. First Nam	ie *
Enter you	ur answer

9. Last Name: \*

	Enter your answer	
10. Email Address: *		
	Enter your answer	
11.	11. Phone Number: (Optional)	
	Enter your answer	
12. The following demographic questions will allow us to better understand you, our network audience, and also identify gaps in membership reach. This information will help us tailor future outreach strategies.		
	Organization Type: *	
	O Non-profit	
	Public (Local, State, Federal, or Tribal Government)	
	O Private Business	
	Education	
	Other	
13. Organization service area: *		
	Nationwide	
	○ Statewide	
	Multiple States (please select "Other" and list states)	

Regional Specific (please select "Other" and list regions)		
O Local (please select "Other" and list localities)		
Other		
14. By checking this box, I give permission for USDA to use the name of this organization in Rural Workforce Innovation Network materials for public audiences including fact sheets, resource guides and websites created by USDA.		
USDA is an equal opportunity provider, employer, and lender.		
According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0503-0024. The time required to complete this information collection is estimated to average 3 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.		
I give permission		
Submit		

This content is created by the owner of the form. The data you submit will be sent to the form owner. Microsoft is not responsible for the privacy or security practices of its customers, including those of this form owner. Never give out your password.

Powered by Microsoft Forms | Privacy and cookies | Terms of use