

NEW YORK STATE WOMEN, INC. MEMBERSHIP APPLICATION

APPLICANT INFORMATION

Name:

Home address:

City:

State:

Zip:

Phone:

Fax:

Email:

Cell:

Please indicate phone preference
Please indicate email preference:

Work Home Cell
 Home Work

BUSINESS INFORMATION

Current employer:

Title:

Address:

City:

State:

Zip:

Phone:

Fax:

Email:

Website:

INDUSTRY - PLEASE SELECT ONE

Arts/Entertainment/Media
 Computers/Technology
 Banking/ Finance/Insurance
 Education
 Health Care/Medicine
 Beauty/Wellness

Human Services/Public
Safety/Gov.
 Legal
 Manufacturing
 Marketing/Advertising/PR

Professional Services
 Real Estate/Construction
 Non Profit/Association

Retail/Wholesale
 Science/Research
 Travel
 Other: _____

HOW DID YOU HEAR ABOUT US?

Referred by member (Name):

Email Announcement Website Newspaper Word of Mouth Other (Specify):

Are you a: New member Transfer (Other NYS Women, Inc. Chapter):

LOCAL ORGANIZATION YOU ARE APPLYING TO

Name of local chapter in your area that you are joining:

MEMBERSHIP CATEGORIES

Member of Local (MOL): \$35 state dues plus local dues of \$_____

Student Membership: \$15 state dues plus local dues of \$_____

Academic Institution:

MAKE CHECK PAYABLE TO THE LOCAL CHAPTER IN YOUR AREA. Dues are payable annually.

MAIL THIS APPLICATION AND CHECK TO THE LOCAL TREASURER OF THE LOCAL CHAPTER.