NEW YORK STATE women, INC.

nyswomeninc.org

MEMBER RENEWAL DUES TRANSMITTAL FORM

Please note: Entire dues amount should be sent to State as per dues policy of July 2013.

LOCAL CHAPTER: _____

Enclosed please find check #_____ in the amount of $_____

Payable to: NYS Women, Inc.
Mail To: NYS Women Inc 4498 Main St Ste 4 #5131 Amherst, NY 14226

***** Please PRINT clearly**

MEMBERSHIP CATEGORY (MOL/ SOL / MAL)	NAME

Submitted by: _____
Treasurer/ LC Officer Name & Contact Information

DATE _____