NEW YORK STATE women, INC.

NEW YORK STATE WOMEN, INC. MEMBERSHIP APPLICATION

APPLICANT INFORMATION

Name:		
Home address:		
City:	State:	Zip:
Phone:		Email:
Cell:		

BUSINESS INFORMATION

Current employer:		
Title:		
Phone:	Fax:	

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 CHAPTER YOU ARE APPLING TO

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

MEMBERSHIP CATEGORIES

☐ Member of Local (MOL): $35 state dues plus local chapter dues of $_____
☐ Member at Large (MAL) : $35 state dues $_____
☐ Student Membership: $15 state dues plus local chapter dues of $_____

Academic Institution:

☐ **MAKE CHECK PAYABLE TO NYS WOMEN, INC.** Dues are payable annually.

☐ **OR JOIN ONLINE, PAY BY CREDIT CARD, AT HTTPS://WWW.NYSWOMENINC.ORG/JOIN OR**

☐ **MAIL THIS APPLICATION AND CHECK TO NYSW MEMBERSHIP**
4498 MAIN ST
STE 4 #5131
AMHERST, NY 14226