



nyswomeninc.org

---

**NEW MEMBERSHIP 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: Kathy Cerullo, 10 Allie Lane, Hamburg NY 14075

\*\*\* Please PRINT clearly

**CATEGORY: MOL / SOL / MAL**

Name: \_\_\_\_\_

Address: (preferred address – Home or Work) \_\_\_\_\_

\_\_\_\_\_

Phone Numbers – Home: (    )    -                      Cell: (    )    -

Work: (    )    -

Email(Mandatory): \_\_\_\_\_

Company: \_\_\_\_\_ Industry: \_\_\_\_\_

Submitted by: \_\_\_\_\_

Treasurer / Chapter Officer Name & Contact Information

DATE \_\_\_\_\_