



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: 4498 MAIN ST
STE 4 #5131
AMHERST, NY 14226

***** 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 _____