



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 _____