



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: Kathy Cerullo, 10 Allie Lane, Hamburg NY 14075

***** Please PRINT clearly**

MEMBERSHIP CATEGORY	NAME
(MOL/ SOL / MAL)	

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

DATE _____