



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: 4498 Main St

Ste 4 #5131

Amherst, NY 14226

***** Please PRINT clearly**

MEMBERSHIP NAME

CATEGORY

(MOL/ SOL / MAL)

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Submitted by:

Treasurer/ LC Officer Name & Contact Information

DATE _____