



nyswomenc.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

CATEGORY

CATEGORY (MOL/ SOL / MAL)

NAME

Three horizontal black lines spaced evenly apart, intended for handwriting practice.

Submitted by:

Treasurer/ LC Officer Name & Contact Information

DATE