

NEW YORK STATE WOMEN, INC. MEMBERSHIP APPLICATION

APPLICANT INFORMATION

Name:

Home address:

City:

State:

Zip:

Phone:

Email:

Cell:

BUSINESS INFORMATION

Current employer:

Title:

Phone:

Fax:

INDUSTRY - PLEASE SELECT ONE

- ☐ Arts/Entertainment/Media
- ☐ Computers/Technology
- ☐ Banking/ Finance/Insurance
- ☐ Education
- ☐ Health Care/Medicine
- ☐ Beauty/Wellness

- ☐ Human Services/Public Safety/Gov.
- ☐ Legal
- ☐ Manufacturing
- ☐ Marketing/Advertising/PR

- ☐ Professional Services
- ☐ Real Estate/Construction
- ☐ Non Profit/Association

- ☐ Retail/Wholesale
- ☐ Science/Research
- ☐ Travel
- ☐ Other: _____

HOW DID YOU HEAR ABOUT US?

☐ Referred by member (Name):

☐ Email Announcement ☐ Website ☐ Newspaper ☐ Word of Mouth ☐ Other (Specify):

Are you a: ☐ New member ☐ Transfer (Other NYS Women, Inc. Chapter):

LOCAL CHAPTER YOU ARE APPLYING TO

Name of local chapter in your area that you are joining:

MEMBERSHIP CATEGORIES

- ☐ Member of Local (MOL): \$35 state dues plus local chapter and region dues of \$_____
- ☐ Member at Large (MAL) : \$35 state dues \$_____
- ☐ Member at Large (MAL) and Region indicate Region # : \$35 state dues plus region dues of \$_____
- ☐ Student Membership: \$15 state dues plus local chapter and region dues of \$_____

Academic Institution:

☐ **MAKE CHECK PAYABLE TO NYS WOMEN, INC.** Dues are payable annually.

☐ **OR JOIN ONLINE, PAY BY CREDIT CARD, AT [HTTP://NYSWOMENINC.ORG/JOIN](http://nyswomeninc.org/join) OR**

☐ **MAIL THIS APPLICATION AND CHECK TO NYSW MEMBERSHIP 10 ALLIE LANE, HAMBURG NY 14075**