

MEMBERSHIP REGISTRATION FORM

Yearly Dues (July 1 - June 30):\$70

Name: _____

Occupation: _____

Address: _____

City: _____ State:___ Zip Code:_____

Email: _____

Work Phone: _____

Cell: _____

Spouse's Name: _____

Birth date (month/day only): _____

I would be interested in serving on the following committee(s):

- | | |
|---|--|
| <input type="checkbox"/> Finance | <input type="checkbox"/> Philanthropy |
| <input type="checkbox"/> Correspondence | <input type="checkbox"/> Historian |
| <input type="checkbox"/> Photographer | <input type="checkbox"/> Welcoming |
| <input type="checkbox"/> Membership | <input type="checkbox"/> Programs |
| <input type="checkbox"/> Publicity | <input type="checkbox"/> Social |
| <input type="checkbox"/> Social Media | <input type="checkbox"/> Symphony of Foods (SOF) |

Any special skills you would like to offer to a committee? _____

Please return completed application with check made payable to WOMEN of Southwestern PA, Inc.,

P.O. Box 1112, McMurray, PA 15317.

Email: membership@womenofswpa.org

Thank you for joining!