



MEMBERSHIP INFORMATION

Please return this form with your payment to:
Women of Achievement, Inc.
PO Box 41096
Memphis, TN 38182-0353

INDIVIDUAL

Name _____

Address _____

(City, State, Zip)

Phone () _____ Fax () _____ Cell () _____

Email _____

ORGANIZATION (Please complete the attached sheet as well)

Organization _____

Address _____

(City, State, Zip)

Organization Contact _____

Address _____

(City, State, Zip)

Phone () _____ Fax () _____ Cell () _____

Email _____

Organization Web Address _____

ABOUT MEMBERSHIP FEES

Individual: Annual dues are on a sliding scale, \$15-25.

Organization: Annual dues are on a sliding scale, \$30-50.

All dues are due in September of each year but may be paid beginning in June.

Name of Organization _____

Meeting Day and Time _____

President Name _____ Date term ends _____

Mailing Address _____

Email Address _____

Phone: Work () _____ Home () _____ Cell () _____

Representative to the Board Name _____

Mailing Address _____

Email Address _____

Phone: Work () _____ Home () _____ Cell () _____

Representatives to the Selection Committee

Name _____

Mailing Address _____

Email Address _____

Phone: Work () _____ Home () _____ Cell () _____

Name _____

Mailing Address _____

Email Address _____

Phone: Work () _____ Home () _____ Cell () _____

Name _____

Mailing Address _____

Email Address _____

Phone: Work () _____ Home () _____ Cell () _____