



## MEMBERSHIP INFORMATION

Please return this form with your payment to:  
Women of Achievement, Inc.  
2574 Sam Cooper Blvd  
Memphis, TN 38112

### 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 (    ) \_\_\_\_\_