

## NEW YORK STATE WOMEN, INC. MEMBERSHIP APPLICATION

### APPLICANT INFORMATION

Name:

Home address:

City:

State:

Zip:

Phone:

Fax:

Email:

Cell:

Please indicate phone preference  
Please indicate email preference:

Work  Home  Cell  
 Home  Work

### BUSINESS INFORMATION

Current employer:

Title:

Address:

City:

State:

Zip:

Phone:

Fax:

Email:

Website:

### 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 ORGANIZATION YOU ARE APPLYING TO

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

### MEMBERSHIP CATEGORIES

Member of Local (MOL): \$35 state dues plus district dues of \$5 and local dues of \$40 - TOTAL: \$80

Student Membership: \$15 state dues plus district dues of \$5 and local dues of \$20 - TOTAL: \$40

Academic Institution:

**MAKE CHECK PAYABLE TO THE LOCAL CHAPTER IN YOUR AREA.** Dues are payable annually.

**MAIL THIS APPLICATION AND CHECK TO THE LOCAL TREASURER OF THE LOCAL CHAPTER.**