



## MEMBERSHIP INFORMATION

Please return this form with your payment to:  
Women of Achievement, Inc.  
P O Box 95, Memphis TN, 38101

### 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

**Membership donations of \$50 and above to the Memphis Area Women's Council include WA membership.**

**Otherwise, individual WA annual dues are on a sliding scale, \$15-25.**

**Organization WA annual dues are on a sliding scale, \$30-50**

**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 ( ) \_\_\_\_\_