



Membership Form

I. Membership Type

- Individual**
For advocates, women in transition, working women and other supporters of women's economic security.
- Organizational Basic**
For smaller programs and organizations that support women's economic security (5 or fewer staff). Includes exclusive benefits for organizations!
- Organizational Plus**
For larger programs and organizations that support women's economic security (6 or more staff). Includes exclusive benefits for organizations!

Would you like to join through a state network?

___ Yes ___ No

For more information about membership benefits and available state networks call us at (202) 467-6346 or visit www.womenwork.org

Send completed form & payment to:

Women Work!,
1625 K Street NW
Suite 300
Washington, DC
20006

fax: (202) 467-5366

II. Member Information

Name: _____

Organization: _____

Address: _____

City, State, Zip: _____

Phone: _____

E-mail: _____

III. Payment information *(check one)*

- \$ _____ Individual \$15
- \$ _____ Organizational Basic \$75
- \$ _____ Organizational Plus \$125
- \$ _____ Additional contribution to support women's economic equity. Donations are tax-deductible.
- \$ _____ **Total Amount Due**

Payment Type *(check one)*

- ___ Check – Payable to Women Work!
- ___ Purchase Order - Women Work!'s Federal ID is 52-1158069
PO Number: _____
- ___ Credit Card - Visa, MasterCard, American Express
Card#: _____
exp.: ___ ___ / ___ ___

Name on Card (if diff.): _____

Billing Address (if diff.): _____

City, State, Zip: _____