

# Membership Application:

Yearly Dues (July 1 -June 30): \$70

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Occupation: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Birthdate (month/day only): \_\_\_\_\_

How did you find out about us? \_\_\_\_\_

I would be interested in serving on the following committee(s):

Finance

Philanthropy

Correspondence

Historian

Photographer

Symphony of Foods (SOF)

Membership

Website

Programs

Golf Outing

Publicity

Social

Social Media

Do you have any special skills you would like to offer to a committee?

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Email to [info@womenofswpa.org](mailto:info@womenofswpa.org) or mail to:

WOMEN of Southwestern PA

PO Box 1112

McMurray, PA 15317

THANK YOU FOR JOINING!