

GWTA Membership Application

Memberships:	1 Year	2 Years	3 Years
Individual	\$50	\$100	\$125
Family	\$50	\$100	\$125

____ **New**
(Anyone who has never been a member)

(A family membership consists of 2 adults and up to 4 children at the same residence)

____ **Renewal: Mem #** _____
(Anyone who has been a member at any time should choose renewal)

Last _____ First _____

Last _____ First _____

Last _____ First _____

Last _____ First _____

Last _____ First _____

Last _____ First _____

Mailing Address _____

City _____ State/Province _____ Zip/Postal _____

Home Ph. _____ Work Ph. _____

Email _____

Membership dues: \$ _____ for _____ years.

I would also like to make a donation of \$ _____ to *Helping Hands*.
 Total \$ _____ (Please make checks payable to GWTA)

The following information must be filled out if paying by credit card:

VISA/MC/AMEX _____

Exp Date _____ CVV2 (3 or 4 digit code on back) _____

Billing Address _____

State _____ Zip _____

Authorized Signature _____

*PLEASE NOTE: All funds must be payable in U.S. Funds only
 DO NOT SEND CASH*

Mail completed form to:

GWTA Membership Services
 P.O. Box 24390
 Belleville, IL 62223
 1-800-960-GWTA (4982)
 317-243-6822
 Email: membership@gwta.org

Make checks Payable to
GWTA

Please assign me to chapter: _____

In the state/province of: _____

Recruiting credit to:

Membership: # _____