

WOMEN'S STUDIES ADVOCACY COUNCIL (WOSAC) - MEMBERSHIP FORM

To become a member of the Women's Studies Advocacy Council, please submit this form to:

WOSAC/UA Gender & Women's Studies Department
P.O. Box 210438, Tucson, AZ 85721-0438

DESCRIPTION	AMOUNT		
<hr/> <div style="display: flex; justify-content: space-between;"> Name Address </div> <hr/> <div style="display: flex; justify-content: space-between;"> Phone # Email Address </div> <p>Membership Fee (<i>ALL levels are 100% tax-deductible</i>) Please Check One:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>Super Supporter Memberships</p> <p>Feminist SHE-RO \$2,500 <i>includes Lifetime Membership</i></p> <p>Lifetime Member \$1,500</p> <p>Corporate Member \$500 <i>includes TWO individual memberships</i></p> <p>Formidable Feminist \$250</p> <p>Gift Membership: for _____</p> </td> <td style="width: 50%; vertical-align: top;"> <p>General Memberships</p> <p>Sustaining Member \$125</p> <p>Lend an Extra Hand Member \$75</p> <p>Basic Member \$55</p> <p>Student/Staff Member \$25</p> </td> </tr> </table> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> _____ _____ </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> _____ _____ </div>	<p>Super Supporter Memberships</p> <p>Feminist SHE-RO \$2,500 <i>includes Lifetime Membership</i></p> <p>Lifetime Member \$1,500</p> <p>Corporate Member \$500 <i>includes TWO individual memberships</i></p> <p>Formidable Feminist \$250</p> <p>Gift Membership: for _____</p>	<p>General Memberships</p> <p>Sustaining Member \$125</p> <p>Lend an Extra Hand Member \$75</p> <p>Basic Member \$55</p> <p>Student/Staff Member \$25</p>	<p>\$ _____</p>
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<p>Additional Donation: In addition to my membership, I would like to support women's research and scholarship with a donation in the amount of: <i>Donations are 100% tax-deductible to the extent allowable by law.</i></p>	<p>\$ _____</p>		
<p>Accepted Methods of Payment:</p> <p>Check - Please make checks payable to: UA Foundation/WOSAC.</p> <p>Credit Card - Visa, Mastercard, or American Express accepted.</p> <hr/> <div style="display: flex; justify-content: space-between;"> Account Number Expiration Date Signature </div> <hr/> <p>Member Information:</p> <p>Communication preference: <input type="checkbox"/> email <input type="checkbox"/> regular mail <input type="checkbox"/> both</p> <p>Would you like to serve on a WOSAC Committee? <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>Please list areas of interest: _____</p> <p>Help Us Build Membership! Do you have friends, co-workers, or family members that may be interested in joining WOSAC? We appreciate your assistance in helping us build a strong WOSAC community.</p> <hr/> <div style="display: flex; justify-content: space-between;"> Name Address </div> <hr/> <div style="display: flex; justify-content: space-between;"> Phone # Email Address </div>			
<p>THANK YOU FOR YOUR CONTINUED SUPPORT AND COMMITMENT!</p>			
<p>TOTAL AMOUNT:</p>	<p>\$ _____</p>		