

New Member ____
Renewing Member ____

WOMEN TRANSCENDING BOUNDARIES

SEPTEMBER 2009 – AUGUST 2010 MEMBERSHIP FORM

PLEASE PRINT ALL INFORMATION CLEARLY

Name: _____

Street Address: _____

City, State, Zip: _____

Phones: (home) _____ (work) _____ (cell) _____

E-mail: _____ Occupation: _____

Religion (optional): _____ Native Country: _____

Do you have special interests that bring you to WTB? _____

How did you first learn about WTB? _____

Dues (suggested dues are \$20 per year) \$ _____

Additional donation to WTB (optional) \$ _____

Total paid on ____/____/____ by cash __ or check __ \$ _____

Please note: All women are welcome as WTB members. Dues facilitate our mission and are greatly appreciated, but they are optional and not required for membership. Because Women Transcending Boundaries, Inc. is a not-for-profit 501(c)(3) charitable corporation, your dues and donations are tax deductible.

*You may submit this completed form, along with your dues and/or donations,
at any WTB meeting or by mail to
Women Transcending Boundaries, Inc., PO Box 6847, Syracuse, NY 13217.*