

WOMEN'S STUDIES ADVISORY COUNCIL (WOSAC) MEMBERSHIP FORM

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

WOSAC/UA Gender and Women's Studies Department
PO Box 210438, Tucson, AZ 85721-0438
Phone: (520) 621-5656 • Fax: (520) 621-1533

DESCRIPTION	AMOUNT				
<hr/> Name Address <hr/> Phone # Email Address <p>Membership Fee (<u>ALL</u> levels are 100% tax-deductible): <i>Please Check One:</i> <input type="checkbox"/> Basic Member \$55 <input type="checkbox"/> Student/Staff Member \$25 <input type="checkbox"/> Sustaining Member \$125 <input type="checkbox"/> Formidable Feminist \$250 <input type="checkbox"/> 10-Year Membership \$500 <input type="checkbox"/> Lifetime Member* \$1,500 <input type="checkbox"/> Corporate Member \$500 <input type="checkbox"/> Feminist Superhero \$2,500 <input type="checkbox"/> Gift Membership: for _____ Name Address <hr/> Phone # Email Address</p>	\$ _____				
<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>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/> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border-right: 1px solid black; padding-right: 5px;">Account Number</td> <td style="width: 10%; text-align: center; border-right: 1px solid black; padding-right: 5px;">/ /</td> <td style="width: 25%; border-right: 1px solid black; padding-right: 5px;">Expiration Date</td> <td style="width: 40%; padding-left: 5px;">Signature</td> </tr> </table> <hr/> <p>Member Information: Please review your contact information at the top of this invoice. Corrections or additions can be made directly on this invoice or by calling 621-5656.</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>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/> Name Address <hr/> Phone # Email Address	Account Number	/ /	Expiration Date	Signature	\$ _____
Account Number	/ /	Expiration Date	Signature		
THANK YOU FOR YOUR CONTINUED SUPPORT AND COMMITMENT!					
TOTAL AMOUNT:	\$ _____				