

Women in the Wind International, Inc. Chapter Membership Application

Please Print Clearly

Please Check One: New Member Previous Member Transferring Member	embership to Different Chapter U	odate Personal Information
Date: Women in the Wind Chapter Name (Joining or Transferring to):		
Joining Member's Name	Previous Membership Name:	
	Previous WITW Chapter:	
Mailing Address:	City/Locality 1:	State/Province/Post Town:
Additional Localities or mailing address info: Country:		Postal Code:
Phone: EMAIL (please print CLEARLY)		
How would you like to receive our Newsletter? Please Check One (if none selected you will receive an electronic copy): *ELECTRONIC (email)		
agree that all Women in the Wind International Inc. Members participate at their own risk. Signature: Date:		
The applicant is required to read and sign this form. Return the completed form to the chapter. Members joining a chapter are responsible for both WITW International dues and local WITW Chapter dues. The applicant is not considered a member of Women in the Wind International, Inc. until their International dues and application are received by the Women in the Wind International Treasurer.		
SUBMIT BY MAIL: WITW International Treasurer, 496	Redwing Rd, Chula Vista, CA 9191 ernational eted application to witwtreasurer@ reasurer@gmail.com - goods or se ber/chapter name- IMPORTANT ment Chapter Officer Initials	1 Ogmail.com Pervices option (not "friend") Revised June 2017