

# **CWI**

## **Clearinghouse on Women's Issues**

Print this form and mail it with a check for membership dues and/or contribution to:

The Clearinghouse on Women's Issues  
Linda Fihelly, Treasurer  
5618 North Marwood Blvd.  
Upper Marlboro, MD 20772

NAME \_\_\_\_\_

Name of Primary Representative (if organization) \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_

EMAIL \_\_\_\_\_

Enclosed is my (our) check for CWI membership:

\_\_\_\_ Individual (\$25.00) \_\_\_\_ Individual under 30 years old (\$15.00)

\_\_\_\_ Organization (\$35/one year or \$90/three years)

I would like to help the Clearinghouse with a contribution \$ \_\_\_\_\_

TOTAL ENCLOSED \$ \_\_\_\_\_

Membership dues and contributions are tax deductible to the extent provided by Section 501(c)(3) of the Internal Revenue Code.