

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
Holly Taggart Joseph
8504 Rosewood Drive
Bethesda MD 20814

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 support 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.