membership application

GENERAL INFORMATION

Name: _____

Address: _____

Phone Number: _____

Email Address: _____

Type of Membership: O Contributing O Active O Student

Contributing Member: Provides financial support to the organization.
Active Member: Participating member, provides financial support to the organization.
Student Member: Waived fee with student ID.

DEMOGRAPHIC INFORMATION *(optional)*

Age: O 18-30 O 31-40 O 41-50 O 51-60 O 61-70 O 70+

Race: O White O Black O Hispanic O Native
O Asian/Pacific Islander/Indian Subcontinent
O two or more races O prefer not to state

Occupation: _____

ANNUAL MEMBERSHIP DUES: $100

Mail to: Women Empowering Women
P.O. Box 1471
Dickinson, ND 58602
or email: info@wewnetwork.org

or pay online: QR Code

*student member fees are waived

DATE RECEIVED: ____ /____ /____

Women EMPOWERING Women

Where women become the best version of themselves