

Membership Form

I am a new member I am a renewing member

Please fill out the following information as you would like it to appear in our annual membership directory.

Name and Title _____
(as it would appear in directory)

License _____

Preferred Address _____

Preferred Phone Number _____

Alternate Address _____

Alternate Phone Number _____

E-mail _____ Website _____

Personal E-mail *(only used for e-mail announcements)* _____

Areas of Focus _____

I would like to become more active with WTC. Please call.

Please do NOT include my name in the membership directory.

Please make checks payable to Women's Therapy Center and mail to the address at the bottom of this page.

Or, pay by: Visa MasterCard

Name on Card: _____

Card Number _____ Expiration (month/year) _____ Verification (3 digit #) _____

Billing Address (if different from above): _____

Membership: _____ \$ _____

- \$100 general membership
- \$75 for those licensed fewer than three years (year licensed _____)
- \$60 Students and Pre-licensed

Additional contribution to support WTC: _____ \$ _____
(All contributions are tax-deductible)

Total _____ \$ _____