



Women In The Wind

Membership Application

_____ Chapter

Name _____
Please Print Information Clearly-No abbreviations or nicknames

Address _____

City _____ State _____ ZIP _____

Preferred Contact Phone- Cell or Home? () _____

Birthday _____ E-MAIL _____

I have read the Women In The Wind Bylaws and hereby agree to abide by them during my membership term.

I also agree that Women In The Wind, the _____ chapter, their respective officers, directors, employees, agents, and members shall not be liable or responsible for damage to property or any injury to persons including myself during any Women In The Wind event where the damage or injury is caused by negligence (except willful neglect). I understand that and agree that all Women In The Wind members participate at their own risk.

Member Signature _____

Date _____

New members are required to read and sign this form then return it to her chapter. New members are responsible for both National dues and any local chapter dues.

Chapter officer is to then remit this form along with National dues to:

WITW PO Box 8392 Toledo, Ohio 43605

Please note: National dues are prorated and should be as follows:

\$20 if collected March 21- June 30

\$15 if collected July 1- September 30

\$10 if collected October 1-December 31

\$5 if collected January 1- March 20