



WOMEN IN THE WIND

Membership Application

_____ Chapter

Name _____
Please Print All Information Clearly-No abbreviations Please

Address _____

City _____ State _____ Zip _____

Preferred Contact Phone- Cell or Home? () _____

E-Mail _____

I have read the Women in the Wind by laws (and chapter by laws, if applicable) and hereby agree to abide by them.

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 or chapter activity even 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 _____

Make One Copy for your chapter and return the signed original to WITW,
PO Box 8392, Toledo, Ohio 43605 USA

National Dues are prorated and should be as follows:

\$15 if collected March 22- July 1

\$10 if collected July 2-November 1

\$5 if collected November 2-March 21

An additional \$15 is required annually for membership
in the Ladies of Chrome and Leather Chapter