



*A nonpartisan statewide coalition of organizations and individuals advancing the status of women and girls in Wisconsin through communication, education, and advocacy.*

## Membership Application

**Yes!** I / We want to join Wisconsin Women's Network. We're proud to be part of an organization that:

- Fosters networking and information sharing among Wisconsin women.
- Has a commitment to women's rights.
- Provides resource information.
- Will empower me to take action.

Name: \_\_\_\_\_

Organization (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Daytime phone: (\_\_\_\_) \_\_\_\_\_ Evening phone: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

*Provide your email address to start your free bi-weekly E-Bulletin subscription.*

Membership Levels (check one)

Individual

\$35  \$50  \$100  \$200  \$500  \$\_\_\_\_\_ other

Organization

\$50 First-time Organizational Member. *Subsequent dues are based on budget.*

Payment Method

Check enclosed, payable to Wisconsin Women's Network

Please charge my  Visa  Mastercard

Card number: \_\_\_\_\_ Exp. Date: \_\_\_\_ / \_\_\_\_

Contact me about joining a task force:

Reproductive Rights  Women and Criminal Justice  Women Veterans

Contact me about other volunteer opportunities.

**Please complete and send a copy of this form with your tax-deductible payment to:**



Wisconsin Women's Network  
122 State Street, Suite 201B  
Madison, WI 53703

608-255-9809

[info@wiwomensnetwork.org](mailto:info@wiwomensnetwork.org)

[www.wiwomensnetwork.org](http://www.wiwomensnetwork.org)

*Thank you for your support!*