



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

wiwomen@execpc.com

www.wiwomensnetwork.org

Thank you for your support!