



CHARLOTTESVILLE NOW MEMBERSHIP APPLICATION

Count me in! I wish to join NOW and commit myself to take action to bring women into full participation in the mainstream of American society now, exercising all privileges and responsibilities thereof in truly equal partnership with men.

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

E-MAIL _____

PREFERRED PHONE(s) _____

___ \$35 Regular dues (covers national, state and local dues)

___ \$15-34 Reduced dues based on ability to pay

___ Additional donation

Total Amount Enclosed _____

Mail form to:
Charlottesville NOW
PO Box 5511
Charlottesville, VA 22905

For NOW Chapter #0060 Treasurer only: Total national dues accompanying this form \$_____