



2010 Associate Membership Application

For individuals who want to support the work of NACW to improve the Status of Women

January – December 2010

Name: _____

Address: _____

City/State/Zip _____

Email Address: _____

(To receive e-issue alerts and our e-newsletter)

Agency or Organization: _____

Invoice-Fiscal Year 2010

NACW Tax ID Number 20-5110222

Check for \$50 annual membership enclosed
(Membership is January 1 – December 31)

Additional contribution of \$ _____ enclosed

Please mail your application and check to:

NACW
Associate Membership Program
401 North Washington Street, Suite 100
Rockville, MD 20850

*Thank you so much for your support. Together, we can all work to make
Commissions for Women the most effective voice for women's rights in America!*