

# Women's State Legislative Council of Utah

## 2017-2019 Membership Application Form

### You may join as an Individual Member

Name: _____	Home Phone: _____
Address: _____	Cell Phone: _____
City & Zip: _____	Email: _____
Political Party: Democrat _____ Republican _____ Other _____	

Please check here if you do NOT want your name printed in the membership directory \_\_\_\_\_  
 Please indicate your political party affiliation. This will help the Nominating Committee create a slate equally balanced between the two major political parties for the biennial election.

### Or an Organization may have two Representatives

**Name of Organization:** \_\_\_\_\_ **Total Membership:** \_\_\_\_\_  
 (As known by your organization's constitution)

**Current President:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**email:** \_\_\_\_\_

### Representatives

Name: _____
Address: _____
City, Zip: _____
Phone: (H) _____ (C) _____
Email: _____
Political Party: Democrat _____ Republican _____
Other _____

Name: _____
Address: _____
City, Zip: _____
Phone: (H) _____ (C) _____
Email: _____
Political Party: Democrat _____ Republican _____
Other _____

**Dues are \$50 per member for the 2017-2019 Biennium and \$30 per member if paid in the last year of the biennium.**

Check \$ \_\_\_\_\_

Your canceled check will serve as your receipt

Cash \$ \_\_\_\_\_

DUES PAYMENT BY CREDIT CARD	
Please charge my: Visa ___ MasterCard ___	
American Express ___ Discover ___	
Acct# _____	CVV# _____
Expiration Date: _____	Zip Code _____
Total Amount Charged: \$ _____	
Signature: _____	

**Please return this form and dues to:**

Gwen Springmeyer  
 P.O. Box 3253  
 Salt Lake City, UT 84110  
[treasurer@wslcofutah.org](mailto:treasurer@wslcofutah.org)

<u>WSLC USE ONLY</u>	
Date Paid: _____	
Check Amount: \$ _____	
Check: # _____	
Cash Amount: \$ _____	
Card Amount: \$ _____	
Accepted by: _____	