

**2015-2017 Membership Application Form
Women's State Legislative Council of Utah**

Email is our main method of communication. Please write clearly.

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.

Individual Member

Name _____	Phone: _____
Address _____	Cell: _____
_____	_____
Email _____	
Political Party: <input type="checkbox"/> Republican <input type="checkbox"/> Democratic <input type="checkbox"/> Other _____	

Organization Representatives

Name of Organization: _____
(As known by your organization's constitution)

Total Membership: _____

Current President: _____ **Phone:** _____

Address: _____ **Cell:** _____

Email _____

Representatives

Name _____
Address _____
City, State Zip _____
Phone (h) _____ (c) _____
Email _____
Political Party: <input type="checkbox"/> Republican <input type="checkbox"/> Democratic <input type="checkbox"/> Other _____

Name _____
Address _____
City, State, Zip _____
Phone (h) _____ (c) _____
Email _____
Political Party: <input type="checkbox"/> Republican <input type="checkbox"/> Democratic <input type="checkbox"/> Other _____

Dues are \$40 per member for the 2015-2017 biennium.
Dues are \$20 for the last year of the biennium.

Your canceled check will serve as your receipt.

Please return this form and dues to:

Renee Lowrey
WSLC Treasurer
P.O. Box 3253
Salt Lake City, UT 84110

WSLC USE ONLY

Date Paid: _____
Am't Paid: _____
Check #: _____ **Pd. Cash** _____
Rec'd By: _____ (Initials)