



DEAF WOMEN of OZ

MEMBERSHIP FORM (must be 18 years or older, not in high school)

NAME:		DATE OF BIRTH:	
ADDRESS:			
CITY:		STATE:	ZIP:
HOME PHONE:		<input type="checkbox"/> VP	<input type="checkbox"/> TTY
TEXT ADDRESS:			
EMAIL ADDRESS:			
EMPLOYED: <input type="checkbox"/> YES <input type="checkbox"/> NO (if no, please share what you do i.e. retired, stay-at-home mom, volunteer)			
OCCUPATION:			
EMPLOYER:		YEARS WITH EMPLOYER:	
HOBBIES/TALENTS/INTERESTS:			
WHY YOU ARE INTERESTED IN JOINING DWOZ? WHAT DO YOU HOPE FOR DWOZ?			

WOULD YOU BE WILLING/INTERESTED IN SERVING
IN ANY POSITION(S) FOR DWOZ IN THE FUTURE?
IF SO, CHECK ALL THAT MATCH YOUR INTEREST!

<input type="checkbox"/>	PRESIDENT	<input type="checkbox"/>	VICE PRESIDENT
<input type="checkbox"/>	SECRETARY	<input type="checkbox"/>	TREASURER
<input type="checkbox"/>	WEBMASTER	<input type="checkbox"/>	ENRICHMENTS COORDINATOR
<input type="checkbox"/>	RETREAT CHAIR	<input type="checkbox"/>	VAGINA MONOLOGUES CHAIR

As of 8/2011—membership dues are NOT required. It is voluntary and donations are accepted. Dues may be considered in the future to comply consistently with the by-laws.

Annual Membership Subscription \$15.00

Due at time of submitting membership form and then renew yearly in January.

Date:

Paid: ☐ Check ☐ Cash ☐ Paypal Online