

APPLICATION FOR MEMBERSHIP

Ukrainian National Women's League of America

Print the form below directly from your browser.
Complete (please print clearly) and mail application to:
UNWLA, Inc., 203 Second Avenue, New York, NY 10003

Last Name (English)	First Name	MI
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Last Name (Ukrainian)	First Name
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Street Address, Apt.

City	State	Zip
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Telephone (Home)	Cell Phone
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Telephone (Business)	E-mail
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<input type="checkbox"/> I would like to join UNWLA Branch #_____ in my area. Please forward my application. (Note: Dues are paid directly to the Branch)
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<input type="checkbox"/> I wish to become a member of a Branch in my vicinity and request information on available locations.

<input type="checkbox"/> I would like to become a Member-at-Large because I cannot join a specific Branch due to distance or other valid reason. Enclosed is my check in the amount of \$50.00 for annual dues which includes one year's subscription to <i>Our Life</i> . (Please make your check payable to UNWLA, Inc. and mail with this application.)
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<input type="checkbox"/> I am interested in starting a new Branch in my area and request information.

<input type="checkbox"/> I am interested in learning more about the UNWLA before joining and want to be contacted as soon as possible!
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If accepted as a member of UNWLA, Inc., I pledge to abide by all its By-Laws.

Signature: _____	Date: _____
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* COMMENTS: