

Marie Sklodowska-Curie Professional Women's Association, Inc.

P.O.BOX # 190348, Brooklyn, NY 11219

Tel. 718-720-6089

APPLICATION for MEMBERSHIP

Please print clearly or type

Name _____

Home Address _____

E-mail Address _____

Home Telephone # _____ Place of Birth _____

Business/Profession _____

Currently Engaged _____ Aspiring _____ Retired _____

Business Address _____

Business Telephone # _____ Fax # _____

How did you hear about this organization _____

Education _____

Hobbies and Interests _____

Date of Birth _____

(Optional for determining demographics and planning programs and activities)

Other Affiliations _____

Annual membership dues of \$25.00 are due March 31st. Please remit check of \$25.00 payable to MSCPWA with application.

Acknowledgement: I am in agreement with the objectives, ideals and purposes of the Association and agree to abide by its Constitution and By-Laws.

Member's Signature: _____ Date: _____

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FOR OFFICE USE ONLY

DR _____ DV _____ SP _____ DDPd _____ Amt. _____ CE _____ A _____ R _____