Women's State Legislative Council of Utah
2017-2019 Membership Application Form

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.

Organization 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) _____
Political Party: Democrat ____ Republican ____
Other _____

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

Dues are $50 per member for the 2017-2019 Biennium and $30 per member for the last year of the biennium.

Check $_____

Your canceled check will serve as your receipt

Cash $_____

Please return this form and dues to:
Gwen Springmeyer
P.O. Box 3253
Salt Lake City, UT 84110
treasurer@wslcofutah.org

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

WSLC USE ONLY
Date Paid: _____
Check Amount: $_____
Check: #_____
Cash Amount: $_____
Card Amount: $_____
Accepted by: _____