



The Women's Fund for Health Education and Research
Membership Form

Full Name _____ Spouse _____

Home Address _____

City _____ State _____ Zip _____

Phone: Home _____ Cell _____ Bus. _____

E-mail _____

Membership Levels

Please check:

New member

Renewal

\$60 Regular

\$150 Patron

\$1,000 Lifetime

\$15 Student

Regular Membership (\$60)

- Invitations to all programs and seminars
- Quarterly newsletters
- Copies of all publications
- Listing in The Women's Fund yearbook

Lifetime Membership, a one-time fee (\$1,000)

- All the benefits of Regular Membership
- Dues renew automatically
- Supports endowment for research grants
- Recognition in newsletter, yearbook and events

Patron Membership (\$150)

- All the benefits of Regular Membership
- Your dues contribute to funding vital women's health research
- Special listing in the yearbook

Student Membership (\$15)

- All the benefits of Regular Membership

Method of Payment

Please check:

Cash

Check (made payable to: *The Women's Fund*)

Credit Card

**Please mail completed form
with payment to:**

The Women's Fund
5353 West Alabama, Suite 615
Houston, TX 77056

Cardholder's Name _____

Circle: Visa/ MasterCard Card # _____ Expiration _____

Signature _____