

WESTERN SOCIETY FOR PHYSICAL EDUCATION OF COLLEGE WOMEN

Membership Application

Name: \_\_\_\_\_  
Ms./Dr./Mrs. Last First M.I.

College/University: \_\_\_\_\_

Department: \_\_\_\_\_

College Address: \_\_\_\_\_ Home Address: \_\_\_\_\_

Street \_\_\_\_\_ Street \_\_\_\_\_

City State Zip City State Zip

Preferred Mailing Address: \_\_\_ School \_\_\_ Home

Phone: Office ( \_\_\_\_\_ ) \_\_\_\_\_ Home ( \_\_\_\_\_ ) \_\_\_\_\_

Fax ( \_\_\_\_\_ ) \_\_\_\_\_ Email \_\_\_\_\_

Membership Classifications: Check one below:

\_\_\_ ACTIVE (Dues: \$50.00) Professional women employed in higher education

\_\_\_ ASSOCIATE (Dues: \$50.00) Former members who have left higher education

\_\_\_ ALLIED (Dues: \$50.00) Women who support the goals of WSPECW

\_\_\_ TEMPORARY (Dues: \$10) Grad students and others who are temporarily here

\_\_\_ EMERITA (Dues: None or optional) Members who have retired from higher ed.

New Emerita: Date retired \_\_\_\_\_ Institution \_\_\_\_\_

\_\_\_ HONORARY (Dues: None or optional) Recognized, retired members

Membership Fee Enclosed \$ \_\_\_\_\_ New \_\_\_\_\_ Continuing \_\_\_\_\_

Please make check out to "WSPECW" and send your application to:

Dr. Martha Yates  
4895 Medica Rd.  
Santa Rosa, CA 95405