

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