

SPOKANE COLLEGE WOMEN'S ASSOCIATION

REGISTRATION FORM

Please sign me up for membership in Spokane College Women's Association!

- Member (Women) \$40
 Associate Member (Men and Students) \$30
 Include a contribution to SCWA: \$ _____

Miss/Mrs./Mr. _____
Last Name First Name

_____ Home Phone _____
Nickname Husband's Name

Address _____ Office Phone _____

City _____ State _____ Zip _____ Email: _____

College Attended _____ #of years completed _____ From 19 ____ to ____ Degree: Yes No

College Attended _____ #of years completed _____ From 19 ____ to ____ Degree: Yes No

Career Experience: _____

Sponsor(s) Name(s) _____

(Sponsors must be full members in good standing. Bylaws require a second sponsor when membership is based on career experience.)

How did you hear about SCWA? _____

Would you like to volunteer? How would you like to help? _____

Speakers or topics you are interested in: _____

Are you interested in or can you suggest a business or organization to sponsor SCWA as an advertiser?

Name of organization(s): _____

Please send check and completed registration form to:
Spokane College Women Association
P.O. Box 28141
Spokane, WA 99228