



MEMBERSHIP FORM - APPLICATION

Date _____

Name: _____

Company (if applicable) _____

Preferred Mailing Address _____

City _____ State _____ Zip _____

Email Address: _____

Main Phone Number: _____

Alternate Phone Number: _____

Fax Number: _____

I have enclosed dues of:

_____ \$40.00 Company Sponsored

_____ \$27.00 Non-Company Sponsored

_____ \$5.00 for Non-working Individuals

_____ \$5.00 Teachers

Please send this form along with check (made payable to **WIM CA Chapter**) to:

WOMEN IN MINING
12277 APPLE VALLEY ROAD
PMB 329
APPLE VALLEY CA 92308