

Women For: Orange County Member Application

l.	\	come	·	
,	() Dual members	(same household)	\$ 60	
	() Sustaining		\$ 100	
I would like to c () \$20 () \$50 () \$100 () Other: \$	contribute to Women Fo	or (in addition to my	membership):	
Please apply my	donation to:			
() Great Am	erican Write-In; and/or	r		
() Speaker F	und			
	eck payable to Wome not a tax deductible org		nty	
Name				
Dual member na	nme			
Street Address_				
City, State, Zip_				
Email				
Dual member en	nail			
Telephone				
() Human an () Peace and () Education () Health Ca () Environment	re):	
	s page, fill it in, and n		ek to:	
i icase print till	o page, iiii It III, aiiu II	uan it with your che	CV 10.	

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