

2007-2008

Women of the South
MEMBERSHIP APPLICATION

New Members Return \$175 Payment & Form

*PLEASE CIRCLE PREFERRED CONTACT: *Email or Phone #* _____

Last: _____ *First:* _____

Spouse: _____

Address: _____

City: _____ *State:* _____ *Zip:* _____

Home: _____

Work: _____

Cell: _____

Fax: _____

Email: _____

Occupation: _____

Birthday: _____

Year Joined: _____

Committee(s): _____

***Circle Your Committee Choices**

Gala - Golf - Research/Recommendation - Publicity - Hospitality
Education (High School- H.S.), - Education (Primary Provider - P.P.)
Membership - Newsletter - Phone - Benevolence - Underwriting

*Referred to Women of the South by _____

\$ _____ Total Amount Paid

Check # _____

Credit Card _____ M/C _____ Visa _____ Card # _____ - _____ - _____ - _____

Exp. Date _____ Signature _____

Return Payment To: Women of the South - P.O. Box 892802 - Oklahoma City, OK 73189-2802