

# Women of the South

## Membership Application

### Membership

Membership year runs from July 1 to June 30th

Please return this form along with your membership fee of \$125 by August 31st  
If joining between January 1st & June 30th, membership fee is prorated to \$75.00

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

*All communications will be sent to your email unless you specify an alternate contact method here*

Email Address: \_\_\_\_\_ Alternate Contact Method: \_\_\_\_\_

Birthday: \_\_\_\_\_ Date Joined: \_\_\_\_\_ Occupation: \_\_\_\_\_

Business Owned by you/spouse (if any): \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ Referred to WOS by: \_\_\_\_\_

### Committee Choices

(please check the all that interest you)

- |   |                                      |  |
|---|--------------------------------------|--|
| <input type="checkbox"/> Benevolence                  | <input type="checkbox"/> Golf        | <input type="checkbox"/> Phone/Contact           |
| <input type="checkbox"/> Education (High School)      | <input type="checkbox"/> Hospitality | <input type="checkbox"/> Publicity               |
| <input type="checkbox"/> Education (Primary Provider) | <input type="checkbox"/> Membership  | <input type="checkbox"/> Research/Recommendation |
| <input type="checkbox"/> Gala                         | <input type="checkbox"/> Newsletter  | <input type="checkbox"/> Underwriting            |

### Gala Tickets

(purchase by August 31st at a discount, or purchase later at regular price)

Quantity: \_\_\_\_\_ @ \$100 each Total: \_\_\_\_\_

### Request for Advertising Space in the Women of the South Directory.

Name of Business: \_\_\_\_\_

Contact Name & Phone Number: \_\_\_\_\_

Size of Ad Requested: \_\_\_\_\_ 1/3 page @ \$25.00 each \_\_\_\_\_ 1/2 page @ \$40.00 each \_\_\_\_\_ Full page @ \$60.00 each

*Submit Camera Ready Art With This Form*

### Payment

Membership: \$ \_\_\_\_\_ Advertising: \$ \_\_\_\_\_ Gala Tickets: \$ \_\_\_\_\_ Grand Total: \$ \_\_\_\_\_

If paying by check, amount: \_\_\_\_\_ Check Number: \_\_\_\_\_

Mastercard  Visa Card Number: \_\_\_\_\_

\_\_\_\_\_ Exp. Date Signature: \_\_\_\_\_

**Return Payment(s) and Camera Ready Art For Ads To:**

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