

MCNOW NEW OR RENEW MEMBERSHIP APPLICATION

Yes, sign me up for _____ years of NOW membership @ \$35/1 yr, \$65/2 yrs, \$95/3 yrs

I am a New Member

I am a Renewing Member

Member # _____

(Please fill in if you know your number. If not, MCNOW Membership Chair can find and fill in.)

Yes, I would like to join/renew, but have limited resources. I am enclosing \$ _____
(\$15-\$34/year sliding scale: what you can afford)

Yes, I would like to affiliate with MCNOW (chapter # MD0200)

I am enclosing an additional contribution to MCNOW in the amount of \$ _____

Name _____

Address _____

City _____

State _____ Zip _____

Phone _____

Email* _____

* By giving us your email address, you will receive a periodic MCNOW Feminist Calendar, keeping you up to date on local news and events of interest to women.

Please make your check payable to **Montgomery County NOW** and mail along with this application to: **MCNOW**, P.O. Box 2301, Rockville, MD 20847-2301 (To renew online with credit card, visit www.now.org and be sure to affiliate with MCNOW, chapter #MD0200.)