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 **National Collaborative for Women’s History Sites**

**Membership Form** (rev. 5/5/2020)Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Membership Status □** New Membership **□** Renewal without any Change **□** Renewal with Change

**Membership Categories**

**Individuals**

□ Student/Senior: $25 One Year –or– □ Student/Senior: $65 for 3 years

□ Basic Member: $35 One Year –or– □ Basic Member: $75 for 3 years

□ Sponsor: $100 □ Benefactor: $500 □ Patron: $1,000

**Institutions**

□ Small (budgets below $400,000): $50 –or­– □ $100 for 3 years

□ Large (budgets above $400,000): $100 –or– □ $250 for 3 years

**Contact Information** Name: ­­­­­­­­­­­­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Organization/Site (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:­­­­­­­­­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization’s Web Site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Payment Information** Annual Membership Dues $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gift Membership $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gift Membership Name & Contact Information: *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Donation** Donation Amount $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Please specify if donation is for (check one):* □ *Peg Strobel Travel Grant* □ G*eneral Operating Fund*

**Total Enclosed**  $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ I have enclosed my check payable to **NCWHS**. *Mail this form with payment to:***The National Collaborative for Women's History Sites**c/o Alice Paul Institute

PO Box 1376

Mount Laurel, NJ 08054

**Phone:** 856-231-1885 **E-mail:** **membership@ncwhs.org**

To securely pay online with a credit card, visit [www.ncwhs.org](http://www.ncwhs.org/) **Thank you!**

The *NCWHS is a 501(c)3 nonprofit organization. Your membership contribution may be tax deductible to the extent allowed by law.*