



Membership Application
Phoenix/Scottsdale Chapter NOW
National Organization for Women

First Name: _____ Last Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Cell Phone: _____

E-mail: _____ Example: johnsmith@yahoo.com

Make check payable to: Phoenix/Scottsdale Chapter NOW, and include “chapter #150” on your check

____ Annual Membership: \$40 (covers national and local dues)

____ Reduced Membership: A sliding scale (\$15 - \$35)

____ Two-Year Membership: \$75

____ Three-Year Membership: \$110

____ Lifetime Membership: \$1,000

Amount Enclosed: \$ _____

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Please print this form and send with payment to:

Phoenix/Scottsdale Chapter NOW
P.O. Box 3514
Scottsdale, AZ 85271-3514