



# Membership Form

- I am a new member       I am a renewing member

*Please fill out the following information as you would like it to appear in our annual membership directory.*

Name and Title \_\_\_\_\_  
*(as it would appear in directory)*

License \_\_\_\_\_

Preferred Address \_\_\_\_\_

Preferred Phone Number \_\_\_\_\_

Alternate Address \_\_\_\_\_

Alternate Phone Number \_\_\_\_\_

E-mail \_\_\_\_\_ Website \_\_\_\_\_

Personal E-mail *(only used for e-mail announcements)* \_\_\_\_\_

Areas of Focus \_\_\_\_\_

- I would like to become more active with WTC. Please call.  
 Please do NOT include my name in the membership directory.

**Please make checks payable to Women's Therapy Center and mail to the address at the bottom of this page.**

**Or, pay by:**       Visa       MasterCard

Name on Card: \_\_\_\_\_

Card Number \_\_\_\_\_ Expiration (month/year) \_\_\_\_\_ Verification (3 digit #) \_\_\_\_\_

Billing Address (if different from above): \_\_\_\_\_

Membership: \_\_\_\_\_ \$ \_\_\_\_\_

- \$100 general membership
- \$75 for those licensed fewer than three years (year licensed \_\_\_\_\_)
- \$60 Students and Pre-licensed

Additional contribution to support WTC: \_\_\_\_\_ \$ \_\_\_\_\_  
*(All contributions are tax-deductible)*

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