

AWIS-LSC MEMBERSHIP FORM

Name: _____

Check box at left if previous year's directory information is up to date. Otherwise enter below:

Address (home and/or work): _____

_____ Where would you like to receive the newsletter? (home / work)

Phone: _____ Email: _____

Affiliation: _____ Area of Interest/Expertise: _____

Can we include your contact information in a published directory? (yes / no) On our website? (yes / no)

Enclosed is my dues payment \$ _____ Enclosed is my contribution \$ _____ for the AWIS Scholarship

Dues: Professional Member –&10.00; Student Member–\$5.00. The membership year runs from Sept to June.

Please return to: Laura Solem, AWIS Treasurer, 4734 McComber Road, Duluth MN 55803