



MEMBERSHIP APPLICATION

Name: \_\_\_\_\_ Email: \_\_\_\_\_

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

EMPLOYMENT INFORMATION

Current employer: \_\_\_\_\_

Employer address: \_\_\_\_\_

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

Position: \_\_\_\_\_

Ideas for Women United projects:



\_\_\_\_\_



\_\_\_\_\_



\_\_\_\_\_

BILLING INFORMATION

Annual membership requires a \$50 donation.

Make checks payable to: United Way of Greater Niagara

United Way of Greater Niagara  
6420 Inducon Dr. W, Suite B2  
Sanborn, NY 14132  
(716) 731-4580

