



# NATIONAL ORGANIZATION FOR WOMEN NEW YORK CITY

*The Founding Chapter*

## NOW-NYC Membership Registration Form

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email address \_\_\_\_\_ Phone \_\_\_\_\_

### YES, I WANT TO JOIN NOW-NYC! Please select a membership level:

- |  |   |
|--|---|
| <input type="checkbox"/> \$20 Member                   | <input type="checkbox"/> \$85 Women's Rights Defender |
| <input type="checkbox"/> \$45 Social Justice Organizer | <input type="checkbox"/> \$100 Activist Leader        |

### Please select method of payment:

I have enclosed **CASH** for \$ \_\_\_\_\_

I have enclosed a **CHECK** for \$ \_\_\_\_\_

(Make **CHECK** payable to NOW-NYC and mail with this form to:  
NOW-NYC, 150 West 28<sup>th</sup> St., Suite 304, New York, NY 10001)

I would like to **CHARGE** my membership and pay by credit card:  
Amount \$ \_\_\_\_\_

Credit Card Number \_\_\_\_\_ Exp. Date

\_\_\_\_\_/\_\_\_\_

Security Code \_\_\_\_\_

Billing Address \_\_\_\_\_

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

Signature \_\_\_\_\_