



**INTERNATIONAL  
MUSEUM OF WOMEN  
MEMBERSHIP FORM**

**MEMBERSHIP LEVELS:**

- |  |  |
|--|--|
| <input type="checkbox"/> INDIVIDUAL \$50 | <input type="checkbox"/> AMBASSADOR \$1,000    |
| <input type="checkbox"/> FAMILY \$75     | <input type="checkbox"/> EMISSARY \$5,000      |
| <input type="checkbox"/> AUXILIARY \$100 | <input type="checkbox"/> STUDENT \$35          |
| <input type="checkbox"/> INITIATOR \$500 | <input type="checkbox"/> SENIOR \$35 (Age 62+) |

**MEMBER INFORMATION:**

Ms.       Mrs.       Mr.       Dr.  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Phone: \_\_\_\_\_ Home / Office / Cellular  
E-mail: \_\_\_\_\_

**SECOND MEMBER** *(Family level and above only)*

Ms.       Mrs.       Mr.       Dr.  
Name: \_\_\_\_\_

**THIS IS A GIFT MEMBERSHIP FROM:**

Ms.       Mrs.       Mr.       Dr.  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Phone: \_\_\_\_\_ Home / Office / Cellular  
E-mail: \_\_\_\_\_

**PAYMENT INFORMATION:**

Amount: \$ \_\_\_\_\_  
 Enclosed is my check payable to the INTERNATIONAL MUSEUM OF WOMEN  
 Please charge my:  
 Visa / MasterCard       American Express

Name on card: \_\_\_\_\_  
Card number: \_\_\_\_\_  
Expiration date: \_\_\_\_/\_\_\_\_  
Signature: \_\_\_\_\_

**MAIL YOUR MEMBERSHIP FORM TO:**

International Museum of Women  
PO Box 190038 / San Francisco / CA 94119

For more information, call (415) 543-4669 or visit [www.imow.org](http://www.imow.org).