



**INTERNATIONAL  
MUSEUM OF WOMEN  
MEMBERSHIP FORM**

**MEMBERSHIP LEVELS:**

- INDIVIDUAL \$50     AMBASSADOR \$1,000  
 FAMILY \$75     EMISSARY \$5,000  
 AUXILIARY \$100     STUDENT \$35  
 INITIATOR \$500     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  
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**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).