



**2020 - 2021
DWR MEMBERSHIP FORM**

Due to the Pandemic membership fee for 2020-2021 is reduced

Name:

Street Address/City/State/Zip Code:

E-mail Address:

VP #: *(optional)*

Circle one: New Member or Renewal

Annual Due Date: September 12, 2020

Membership: \$5 Members will be able to hold office and/or serve on DWR committees, be entitled to one vote each on DWR matters during the annual general meeting, receive the DWR newsletters, have admission privileges to DWR events, have notification of upcoming events and receive news and information from DWR website and emails.

Ally of Deaf Women

Associate membership: \$5 Associate may serve on committees and receive DWR newsletters, but will not be eligible to vote or hold office.

Donation (tax-deductible): _____ *(Thank you for your donation.)*

Total: _____

Two options of payment:

- Paypal: DWRtreasurer1@gmail.com

OR

- Check: Payable to **Deaf Women of Rochester (DWR)**
Mail to: **P.O. Box 92455, Rochester, NY 14692**