



UCLA FACULTY WOMEN'S CLUB

2014-2015 MEMBERSHIP FORM

FWC Homepage: <http://uclafwc.bol.ucla.edu>

Please check all categories that apply:

- RENEWAL APPLICATION NEW APPLICATION PERSONAL INFORMATION CORRECTION
- FACULTY FACULTY SPOUSE STAFF STAFF SPOUSE GUEST¹ VISITOR²

(IF ANY OF THE BELOW INFORMATION IS NEW, PLEASE CHECK HERE. _____)

NAME _____ AFFILIATION _____ DEPARTMENT _____

SPOUSE _____ AFFILIATION _____ DEPARTMENT _____

ADDRESS _____ APT. _____

CITY _____ ZIP CODE _____

TELEPHONE _____ FAX _____ E-MAIL _____

YES, please include my address, telephone, fax, and e-mail address on the FWC membership roster for distribution to FWC members. Note: Membership information is confidential and for FWC internal use only.

ANNUAL MEMBERSHIP DUES: \$25

¹ If you are joining as a **Guest Member**, please give name of FWC member who is your sponsor: _____

² If you are joining as a **Visitor Member**, approximately how long you will be at UCLA? _____
(number of months/ years)

LIFE AND GOLDEN MEMBERS (85 years or older) **No dues required but please complete and return this form.**

INTERESTS _____

If your interest is not listed in the Sections pages of the *Update* or Webpage, please note it here for consideration as a new section.

Have you ever served on the FWC Board? Yes _____ No _____

Would you be interested in serving on the Board? Yes _____ No _____

Would you be interested in serving on an ad hoc committee? Yes _____ No _____ Maybe _____

My check for \$25 is enclosed. Please make check payable to FWC and mail with this form to:

**FWC Membership Chair
P O Box 49363
Los Angeles CA 90049**

*For information about donating to our FWC Scholarship Fund for UCLA students, visit our FWC Homepage, <http://uclafwc.bol.ucla.edu> and select **Scholarships**.*