



## MEMBERSHIP FORM - APPLICATION

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Date \_\_\_\_\_

Name: \_\_\_\_\_

Company (if applicable) \_\_\_\_\_

Preferred Mailing Address \_\_\_\_\_

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

Email Address: \_\_\_\_\_

Main Phone Number: \_\_\_\_\_

Alternate Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

I have enclosed dues of:

\_\_\_\_\_ \$40.00 Company Sponsored

\_\_\_\_\_ \$27.00 Non-Company Sponsored

\_\_\_\_\_ \$5.00 for Non-working Individuals

\_\_\_\_\_ \$5.00 Teachers

Please send this form along with check (made payable to **WIM CA Chapter**) to:

WOMEN IN MINING  
12277 APPLE VALLEY ROAD  
PMB 329  
APPLE VALLEY CA 92308