



NATIONAL DUES SUMMARY SHEET

Date: _____

Chapter Name: _____

Chapter Number: _____

Sender's Name: _____

Daytime Phone #: _____

	Number	Amount
National Dues for New Members	___ @ \$10	\$ ___
	___ @ \$15	\$ ___
Send full amount for renewing members	___ # of Renewals	\$ ___
Total National Dues Enclosed:		\$ _____

Mail new member forms and a check for total amount transmitted (as indicated above) and this dues summary sheet to:

National Organization for Women
Attn: Membership Department
1100 H St., NW Suite 300
Washington DC 20005

***National Dues are \$15 for members joining at *more than* \$20; \$10 for members joining at \$20 or less**

Please indicate if a member is joining using the sliding scale.



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