

ORGANIZATION MEMBERSHIP FORM

Thank you for your interest in becoming an organizational member of NYWA's thriving community! Please either fill out this form or register online on www.nywa.org.

If you have any questions about membership, please contact: Lisa Hathaway Stella, NYWA VP/ Coalition at 212-937-2411 or info@nywa.org

Name			Title
Organization			
Address			
City	State	Zip	Phone
Email			Website
			on
ORGANIZATION & ASSOC	IATE MEA	ABERSHIP:	
Dues are on a Sliding Sca	le basec	on Annual	Budget. NYWA'S fiscal year is January 1 – December 31
DUES : Up to \$249,000: \$12	5 \$2	50,000 and u	up: \$275
Please indicate which desc	cribes you	ur Organizatio	on:
Membership Organization?	Yes	No	
Non-Profit Organization?	Yes	No	
Predominately Women?	Yes	No	

CORPORATE/SUPPORTING MEMBERSHIP: For-profit companies or organizations which support the mission and policies of NYWA. Please contact us for details at 212-937-2411 or info@nywa.org

REMITTANCE: **Please send your check made out to New York Women's Agenda to**: P.O. Box 8419, FDR Station, New York, NY 10150-8419

New York Women's Agenda is a charitable organization under section 501(c)3 of the Internal Revenue Service Code. Contributions are tax deductible to the extent permitted by law. (NYWA tax ID: 13-3675270) A copy of NYWA's latest annual report may be obtained, upon request, from the organization (P.O. Box 8419, FDR Station, NY, NY 10150) or from the New York State Attorney General's Charities Bureau at 120 Broadway, 3rd Floor, New York, New York 10271.

