



MEMBERSHIP APPLICATION

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____

EMAIL _____

National, State,
and Local Dues:

Regular: \$35

Reduced: \$10-34

AMOUNT ENCLOSED: \$ _____ TYPE: New Renewal Lapsed

To be completed by Chapter Treasurer only:

Chapter Number: **KS0250**

Total National Dues
accompanying this form: _____

Make check payable to: Wichita NOW

Send to:

Wichita NOW
PO Box 3940
Wichita, KS 67201