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| ShowLetter?box=Inbox&MsgId=1977_7071198_90884_1824_42103_0_22942_101438_420378439&bodyPart=2&YY=59994&order=down&sort=date&pos=0&view=a&head=b&Idx=9 | | **Women Transcending Boundaries, Inc.**  ***A Metro Syracuse Women’s Group Founded After 9/11/01***  **P.O. Box 6847, Syracuse, NY 13217**  [**www.wtb.org**](http://www.wtb.org)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| 2020 MEMBERSHIP FORM New Member \_\_\_  Renewing Member \_\_\_  *PLEASE PRINT ALL INFORMATION CLEARLY*  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  City, State, Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phones: (home) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (work) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (cell) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupation: \_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Religion (optional): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Native Country: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Do you have special interests that bring you to WTB? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  How did you first learn about WTB? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Dues** ($25 per year) $ \_\_\_\_\_\_\_\_  ***Note:*** *Dues are appreciated but not mandatory for membership. However,*  *you must fill out and submit this form in order to be a WTB member.*  **Donation**: $ \_\_\_\_\_\_\_\_  *Your additional donation will help fund WTB projects and activities,*  *including scholarships for women who cannot afford to pay dues.*  **Total** paid on \_\_\_\_/\_\_\_\_/\_\_\_\_ by cash \_\_ or check \_\_ $ \_\_\_\_\_\_\_\_  ***Women Transcending Boundaries, Inc.***  ***is a not-for-profit 501(c)(3) charitable corporation.***  ***All dues and donations are tax deductible.***  **Please submit this completed form at any WTB meeting or by mail to the address at the top of this form.** | |