2013-2015 Membership Application Form Women's State Legislative Council of Utah

Email is our main method of communication. Please write clearly.

Please check here if you do NOT want your name printed in the membership directory

Please indicate your political party affiliation. This will help the Nominating Committee create a slate equally balanced between the two major political parties for the biennial election.

Individual Member	
NameAddress	
Email	
Political Party: ☐ Republican ☐ Democratic ☐ O	ther
Organization I	Representatives
Name of Organization:	
(As known by your organization (As known by your organization)	on's constitution)
Current President:	Phone:
Address:	
Email	
Represe	
Name	Name
Address City State 7in	Address
City, State Zip(c)	City, State, Zip Phone (h)(c)
Email	Email
Political Party: ☐ Republican ☐ Democratic ☐ Other	Political Party: ☐ Republican ☐ Democratic ☐ Other
Dues are \$40 per member for the 2013-2015 biennium.	n. Your canceled check will serve as your receipt.
Please return this form and dues to:	WSLC USE ONLY
Shannon Huff Jacobs WSLC Treasurer P.O. Box 3253 Salt Lake City, UT 84110	Date Paid: Am't Paid: Check #: Rec'd By: (Initials)