

WILL-WNMU Membership Form

New Renewing Facilitator discount applied Date of Payment _____

Name _____

Mailing address _____

City _____ State _____ Zip _____

Email address _____

Phone _____

I am willing for the above information to be included in the membership directory.

Annual membership dues: \$50.00

Payment method: Check # _____ Cash _____

Your membership entitles you to:

- A calendar year of WILL classes
- Participation in all WILL social events and the opportunity to interact with others interested in learning
- Voting privileges in the choice of Board members
- Input into curriculum and program activities
- Volunteer opportunities

WILL is also asking for donations to support the growth of its programs and activities. Your contribution is tax deductible and greatly appreciated!

I am willing to give \$5 \$10 \$25 \$50 _____ other

Please make checks out to WILL-WNMU. Thank you!

Send your registration to: **WILL-WNMU**

**PO Box 680-487
1000 College Avenue
Silver City NM 88062**