



The Women's Law Center
of Maryland, Inc.

Membership Application Form

Please print and complete the following information:

- YES! Sign me up as a member of the WLC (\$50)
 YES! Sign me up as a student member! (\$15)
 Enclosed is an additional contribution of \$ _____
 My employer will match this gift. Enclosed is the appropriate gift from my employer.
 Please contact me on how to include the WLC in my estate plan.
 Please contact me about volunteer opportunities.
\$ _____ Total Amount Enclosed

Name: _____

Title: _____

Occupation: _____

Area of Concentration: _____

Company/Firm/Organization: _____

Address: _____

City: _____

State: _____

ZIP Code: _____

Work Phone: _____

Home Phone: _____

Fax: _____

Email: _____

Check Enclosed?: _____

Credit Card Information: (if ordering by credit card)

Card Number: _____

Card Type (Master Card, Visa): _____

Expiration Date: _____

Signature: _____

Please return form with check payable to:

The Women's Law Center of Maryland, Inc.
305 West Chesapeake Ave., Suite 201
Towson, MD 21204

or fax your credit card order to: 410-321-0462