



# WOMEN'S COUNCIL OF RIT

## Membership Application

July 1, 2018 through June 30, 2019

Annual Dues: \$35.00

Please make your check payable to: **Women's Council of RIT**

Mail to: Brenda U. Beal  
2470 East Ave. #403  
Rochester, NY 14610

In addition to *Council Notes* and operating expenses, dues help support these projects:

**Margaret's House (child care facility)**  
**Women's Council Scholarship Funds**

**Outstanding Female Senior Student Award**  
**RIT Ambulance Corps**

**Bridge the Gap Fund**

**PLEASE RETURN WITH CHECK BY THURSDAY, November 15, 2018**  
**The information that you list on this form will be used to update our roster.**

Dr./Mrs./Ms./Miss First Name \_\_\_\_\_ MI \_\_\_\_ Last Name \_\_\_\_\_  
(circle title)

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone Numbers Home \_\_\_\_\_ Mobile \_\_\_\_\_ Work \_\_\_\_\_

E-mail Address \_\_\_\_\_

Name preferred on Name Tag \_\_\_\_\_

I will accept email meeting announcement Yes  No

I would be interested in serving on the Board or a committee? Yes  No

**Pay your dues via PayPal via [doreen.haller@lfg.com](mailto:doreen.haller@lfg.com)! Amount is \$36.26 to offset administrative fees.**

Annual Dues \$ 35.00

Additional Gift (Tax Deduction) - Indicate below your preference

Please direct my gift to the ongoing programs of the Women's Council of RIT \$ \_\_\_\_\_

Please use my gift where needed most to support the Women's Council of RIT \$ \_\_\_\_\_

**Total Amount Enclosed** \$ \_\_\_\_\_

If you wish to send a gift to the Endowed Scholarship,  
please contact Marisa Psaila, Executive Director, The Fund for RIT, 585-475-4932

*Do not write below this line*

Date Received \_\_\_\_\_ Check Number \_\_\_\_\_ Recorded in Database \_\_\_\_\_