

MEMBERSHIP FORM 2018-2019

	I am a: Renewing Member New Memb
Name	
Mailing Address	
Dity	
Email	
Home Phone Cell P	hone
Work Phone	
prefer to be contacted by Email US Mail	☐ PHONE
Setting more involved: I would like to help with (check all the	at apply)
☐ Fall Gathering ☐ Poinsettia Sale ☐ Scholarship Co	ommittee
Organize Special Events: Tours, Happy Hours, Philanthropy B	Event The WUC Board
Special Interest Groups: I would like to join	
☐ Book Exchange ☐ Book Review ☐ Creative Cooking/Spe	ecial Events
Outreach Tutoring	· ·
Membership Dues Affiliation: Syracuse University St	JNY-ESF UPSTATE University Hospital
325.00 Regular/Full Membership (Employee - Faculty or S	taff)
\$15.00 Honorary Membership (Retired, spouse/partner of	retired or deceased employee)
\$20.00 Associate Membership (Sponsored guest member	of an interest group)
Please indicate the Special Interest Group:	
Additional Danation	
Additional Donation	
You may make an additional donation to a specific Scholarship Fur contribute to support the WUC's ongoing operations. Please indicate	
Ruth Tolley Scholarship – For a junior in the Falk College	in Human Development & Family or Nutrition Science
Mildred Eggers Scholarship – For a student in continuing	education studying part-time at University College
Beverly Whaley Scholarship – For a sophomore or junior of	undergraduate at ESF
Unrestricted – To be used at the discretion of the WUC Bo	pard of Directors to perpetuate the organization
Total Amount Included (Membership Dues	s & Additional Donations)
Makes Checks Payable to: Women of th	
	e University Community
Please send this form with y Cynthia Roach , Syracuse University, Office of Fin	our check to:

OR Visit our Website to pay via PayPal - wuc.syr.edu