



**NEW MEMBERSHIP -  
ANTRIM COUNTY WOMEN'S ALLIANCE  
(AWA)**

NAME \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PHYSICAL ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

PHONE \_\_\_\_\_ BIRTH DATE: (MM/DD)\_\_\_\_\_/\_\_\_\_/\_\_\_\_\_

EMAIL \_\_\_\_\_

ANNUAL DUES PAYMENT OF \$30

PAYMENT: CASH \_\_\_\_\_ CHECK \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

GIVEN TO: \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

**AWA MISSION STATEMENT:**

To make a difference in our community by providing financial support and service.  
I recognize the importance of humanitarian service as a member of this organization.  
I hereby accept responsibilities to participate in service and /or fundraising as a member  
of AWA.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

SPONSOR \_\_\_\_\_

Return completed form with payment to Leslie Feiten, Membership Chair