



NEW MEMBER INFORMATION

Chapter Name:

Chapter ID Code:

Chapter Leader:

Meeting Date:

Please use this electronic form any time you have new members in attendance (including your first chapter meeting).
Type in the all the new members' information. **Typed email addresses are critical** since this is how we send out donation receipts.
Then **save** this file, and **email it to donations@togetherwomenrise.org**.

First Name	Last Name	Name as Printed on Check	Street Address	City	State/ Province	Zip/ Postal Code	Email <small>(for Tax receipts and eNewsletters)</small>	Cell Phone <small>(include area code)</small>	Home Phone <small>(include area code)</small>

Please type information and email to donations@togetherwomenrise.org

Please do not send handwritten forms