



Equality Prince William Membership Application

Name (first and last):

Significant Other's Name (first and last):

(You only need to add this information if you are requesting a family membership and wish to receive mail and email together.)

Organization Name:

(You only need to add this information if you are requesting an organization membership.)

Address:

City, State, Zip:

Phone:

E-mail:

Interested in Assisting EPW (check all that apply):

Serve as a Committee Chair

Serve on a Committee

Lobby Days

GLBT Political Advocacy

Social Activities

Speakers (booking them for events)

Fund Raising

Media Relations

I can assist EPW in the following ways:

Comments/Suggestions:

Individual Membership \$15

Additional Donation \$

Family Membership \$25

Organization Membership \$50

You can mail your membership application and payment to EPW:

Equality Prince William

P.O. Box 4742

Manassas, VA 20108