



Equality Prince William

2011

Equality Prince William Membership Application

New Member _____ (Please check one) **Renewal** _____

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: _____

I can assist EPW in the following ways (check all that apply):

| | |
|--|---|
| <input type="checkbox"/> Serve as a Committee Chair | <input type="checkbox"/> Serve on a Committee |
| <input type="checkbox"/> Lobby Days | <input type="checkbox"/> GLBT Political Advocacy |
| <input type="checkbox"/> Social Activities | <input type="checkbox"/> Speakers (booking them for events) |
| <input type="checkbox"/> Fund Raising | <input type="checkbox"/> Media Relations |
| <input type="checkbox"/> Other (Please specify): _____ | |

Comments/Suggestions:

- Individual Membership \$15 Additional Donation \$ _____
 Family Membership \$25
 Organization Membership \$50

You can mail your membership application and payment to:

Equality Prince William
P.O. Box 6983
Woodbridge, VA 22195-6983