

# Women's State Legislative Council of Utah

## 2021-2023 Membership Application Form

*Organization Members please flip the page*

### Individual Members

Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_

City & Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Please indicate your political party affiliation. When running for office the major political parties must alternate. When making appointments, we are required to balance party affiliation.

Political Party: Democrat \_\_\_\_\_ Republican \_\_\_\_\_

Constitution \_\_\_\_\_ Libertarian \_\_\_\_\_ Independent American \_\_\_\_\_ United Utah Party \_\_\_\_\_ Green \_\_\_\_\_

No party affiliation \_\_\_\_\_

Please check here if you do NOT want your name printed in the membership directory \_\_\_\_\_  
Party affiliation will not be included in the directory.

**Dues are \$40 per member for the 2021-2023 Biennium and \$30 per member if paid in the last year of the biennium.**

Check \$ \_\_\_\_\_

Checks should be made out to: WSLC

Your canceled check will serve as your receipt

Cash \$ \_\_\_\_\_

**OPTION 1: DUES PAYMENT ONLINE**

Dues may be paid online at <https://square.link/u/ASuoBzEy>

**OPTION 2: DUES PAYMENT BY CREDIT CARD**

Please charge my credit card – a small service fee will be added.

Acct# \_\_\_\_\_

CVV# \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Zip Code \_\_\_\_\_

Total Amount Charged: \$ \_\_\_\_\_

Signature: \_\_\_\_\_

**Please return this form and dues to:**

Sophia Hawes-Tingey  
PO Box 3253  
Salt Lake City, UT 84110  
sophiajhawes@gmail.com

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## Organization may send two Representatives to WSLC

**Name of Organization:** \_\_\_\_\_ **Total Membership:** \_\_\_\_\_  
(As known in your organization's constitution)

**Current President:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Email:** \_\_\_\_\_

### Organization Representatives

Name: _____
Address: _____
City, Zip: _____
Cell Phone: _____
Home Phone: _____
Email: _____
Party Affiliation: _____
<i>See other side for Party Affiliation details</i>

Name: _____
Address: _____
City, Zip: _____
Cell Phone: _____
Home Phone: _____
Email: _____
Party Affiliation: _____
<i>See other side for Party Affiliation details</i>

**Payment can be made using the other side of this form.**

<b><u>WSLC AUDITING USE ONLY</u></b>	
Date Paid: _____	
Check Amount: \$ _____	Check: # _____
Cash Amount: \$ _____	Card Amount: \$ _____
Accepted by: _____	