



# Women's State Legislative Council of Utah 2023-2025 Membership Application Form

## 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  
2023-2025 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 \$ \_\_\_\_\_

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

Carol Harley  
5081 South 4000 West  
Roy, UT 84067  
Lorac\_411@yahoo.com

**OPTION 1: DUES PAYMENT ONLINE**

Dues may be paid online at [www.wslcofutah.org](http://www.wslcofutah.org)

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



# Women's State Legislative Council of Utah

2023-2025

**An 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: _____

Name: _____
Address: _____
City, Zip: _____
Cell Phone: _____
Home Phone: _____
Email: _____
Party Affiliation: _____

### FOR WSLC AUDITING USE ONLY:

Date Paid: \_\_\_\_\_

Check Amount: \$ \_\_\_\_\_ Check # \_\_\_\_\_

Cash Amount: \$ \_\_\_\_\_ Card Amount: \$ \_\_\_\_\_

Accepted by: \_\_\_\_\_