

The Central Florida Women's Resource Center, Inc.

Name _____

Home Address _____

City/State/Zip _____

Home Phone _____ E-Mail _____

Employer _____

Occupation/Title _____

Business Address _____

Business Phone _____

Fax _____

Prefer to Receive Mail at: () Home () Work

Other Affiliations _____

Committee Preference: () Communications () Membership ()
Summit () Mentoring

Membership Category:

() Student Organizations (\$20 per year)

() Individual Student (\$15 per year)

() Individual (\$40 per year)

() Patron (\$75 per year)

() Small Business - less than 25 employees (\$150 per year)

() Corporation - 25 or more employees (\$300 per year)

() Lifetime (\$300 one time fee)

New Membership_____ Renewal_____

How did you hear about WRC?_____

PLEASE REMIT PAYMENT AND APPLICATION TO:

The Central Florida Women's Resource Center Inc. , 199 E.
Welbourne Avenue, Suite 203, Winter Park, Florida 32789
407 628-3700, 407 628-3701 fax, cflwrc@centurylink.net
www.wrc-online.org