



Young Friends of WEN Membership Form

YES, I/we would like to join **Young Friends of WEN** for the 2015-16 year.

Member Information

(Please list as you wish it to appear in a membership directory.)

Name: _____

Home Address: _____

City/State/Zip: _____

Preferred Phone: _____

Preferred Email: _____

Business: _____

Membership

Annual YFOW membership fee is **\$120** (per person if two in same household).

**Annual membership is based on a calendar year. Renewals due in January. Dues will be pro-rated for members joining throughout the year.*

Payment Method

I will be paying \$10 a month online at kcwen.org.

My check for the annual \$120 membership fee is enclosed made payable to WEN

Please charge my \$120 membership to __ Visa __ MasterCard __ American Express

Card # _____ Exp. Date _____

Signature _____

WEN is a 501(c) (3) nonprofit. For your records, you will receive a receipt for your tax-deductible gift.

Please mail completed form to:

Women's Employment Network
c/o Young Friends of WEN
920 Main, Suite 100
Kansas City, MO 64105

Questions? Call Nicole Levy at 816-595-1297 or nlevy@kcwen.org.

Thank you for your making a difference in the lives of women and their families!