

# Membership Application

(Calendar Year)

*Individual Membership: Dues \$30/Year*  
*Student Membership: Dues \$15/Year*  
*Organizational Membership: Dues \$50/Year*  
*Corporate Sponsor: Dues \$250/Year*

Name: Individual or Student \_\_\_\_\_

Mailing Address \_\_\_\_\_

City/State/Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Please send newsletter digitally to above e-mail address. DO NOT MAIL. \_\_\_\_\_

Organization or Corporate Sponsor \_\_\_\_\_

President or Director \_\_\_\_\_

Mailing Address \_\_\_\_\_

City/State/Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Name of Representative to NWHP \_\_\_\_\_

Make a Donation to NWHP: \_\_\_\_\_ Amount sent

Mail to NWHP: North members – 770 Smithridge Dr., Ste.300, Reno, NV 89502  
South members – 4755 S. Pearl St., Las Vegas, NV 89121-6007

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