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International Council on Women's Health Issues
Membership Application
(Membership Year begins January 1)

NAME: _____

ADDRESS: _____

TEL: _____

FAX: _____

E-MAIL: _____

PROFESSIONAL TITLE: _____

EMPLOYER: _____

DUES:	Membership with on-line subscription (developed countries)	\$100.00US
	Membership with on-line plus print subscription (developed countries)	\$140.00US
	Membership with on-line subscription (developing countries)	\$30.00US
	Student Membership with on-line subscription	\$30.00US
	Organizational Membership with on-line subscription	\$500.00US
	Donate an on-line subscription to a colleague in a developing country	\$10.00US

TOTAL PAYMENT: _____

IF DONATING ON-LINE SUBSCRIPTION TO A COLLEAGUE, PLEASE PROVIDE:

NAME: _____

PROFESSIONAL TITLE: _____

E-MAIL ADDRESS: _____

CREDIT CARD INFORMATION

NAME (on credit card): _____

TYPE OF CREDIT CARD: _____

CREDIT CARD NUMBER: _____

CREDIT CARD SECURITY CODE (3 digit code on back of card): _____

CREDIT CARD EXPIRATION DATE: _____

BECOME A MEMBER ON-LINE AT [HTTP://WWW.ICOWHI.ORG](http://www.icowhi.org)

OR

Please mail this application with check to ICOWHI at:

ICOWHI
c/o Dean Afaf Meleis
University of Pennsylvania School of Nursing
420 Guardian Drive, Room 465
Philadelphia, PA 19104-6096
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