

University of Oregon Women in Graduate Science Membership Form

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone Number _____

Birthday _____

e-mail Address _____

Department/Division _____

Lab Room # _____ Lab Phone # _____

Interests	Attending	Organizing
Seminars		
Fundraising Events		
Outreach		
Social Activities		
Other (Please Specify Below)		

Other Interests: _____

Dues

Amount	Payment Type	Payment Date

I agree to pay an annual membership fee of \$5 for a UO student membership or \$25 for professional memberships (includes UO faculty and staff). As a WGS member, I am granted voting privileges and discounts to WGS events.

Signature
