

Office Use Only:

Date Received:

P.O. Box 665 Patterson, CA 95363

Mission Statement: "To Encourage Integrity, Self- Nurturing, Self-Worth and Empowerment of Social Change for Women."

en-worth and Empowe		for office use only —							
Chapter Name:					Member ID#:	Member ID#: MEMBERSHIP EXPIRATION MONTH YEAR			
☐ New Member (first tim	Membership (D.M. u	ipdate, yearly dues are	date, yearly dues are required)						
☐ Male ☐ Female Nu	umber of Children:								
First Name:	ame:		Last Name:	Last Name:					
Mailing Address:						Apt. #: PO Box:			
		la		1					
City:		State:		Zip:	Phone: ()				
☐ Check if this is a new address within the las		t year. Previous Addr		ldress:	s:				
Check if your name had	as changed in the last	year.	Previous Na	ame:					
Do you have a spouse or	0	Name:							
*E-mail:					*By providing your e-mail address on this form, you are confirming				
Employer:		osition:		Work Phone: (your permission to red	your permission to receive e-mails from Take Your Sist Cell Phone: ()		2 Lunch.	
COST OF MEMBERSHIP				`	<u> </u>				
Membership Dues: \$40 per Diamond Member: \$250 per Sisters Supporting Other \$	year this is a VIP membership	o it includes: T	ake Your Sister 2	Lunch Butterfly Pendant, no	. ,	· ·	ent of social change for	women.	
Your donation to this fund provide cheons. Please check the SOS "Ruby Sister" \$25 Donation Any Donation is Appreciated. C	les scholarship opportunities to support you would like to do a "Amber Sister" \$50 Donation	for membershi onate to: n 🚨 "Pearl Sis	ip to Sisters unab	le to afford membership fee		ost of educatio			
MEMBERSHIP DATA By completing the following option						unch respects	and welcomes people	from all	
backgrounds and abilities. This in	I				· · · · · · · · · · · · · · · · · · ·		Jadian Alaskan N	-41	
Race/ Ethnicity: A. Are you Hispar (Complete A and B) ☐ yes ☐			more.	·				ative	
	-			Asian	•	□ Other:			
				Native Hawaiian, Pacif					
Birthdate: / / Highest Level of Education Completed: High School Bachelor's Degree Doctorate I							e Doctorate De	gree	
I have the following disability/disabilities: Developmental Hearing Learning Physical Visual Other:									
Check all that apply: My age range is:	Accomi	modation requ		□ 55-64	☐ 65 and older				
Annual Household Incon	ne: Less than \$15	5,000	□ \$15,0	00 to \$34,999	□ \$35,000 to \$49,999				
PAYMENT \$50,000 to \$74,999 \$75,000 to \$99,999 \$100,000 or more									
☐ I would like to register	as a Member. My che	ck for \$40	is enclosed i	n the form of 🚨 Che	ck 🛚 Money Order	☐ Other ☐	☐ Grant		
I would like to register	as a Diamond Membe	er. My chec	ck for \$250 is	enclosed in the form	of Check Mon	ey Order	☐ Other ☐ Gran	t	
I am willing to join Take \ Membership is \$250 per									
Signature:				Date:					
Please carefully read the	following statements,	circle the	appropriate r	esponse and include	your signature in the	space prov	vided.		
YES NO I understand that when participating in Take Your Sister 2 Lunch events or activities I may be used in promotional materials, news releases and other published formats for either the local chapter of Take Your Sister 2 Lunch or other Take Your Sister 2 Lunch chapters. I acknowledge that the images will be the sole property of Take Your Sister 2 Lunch, Sisters Inc.									
Signature:				Date:					
Data Privacy Policy: Ta membership lists, contac						ers. We do	not sell or trade		
\$ • •	Cash 🗖 CK#:		Noney Order:	Oth	ner:	Grant:			