

## 2018-2019 Individual Allied Membership Application

## NOTE:

The information gathered by WIA Upstate is used solely for the purpose of fulfilling our obligation to you. Personal information you provide to WIA Upstate shall not, without your consent, be disclosed to third parties, except as permitted or required by law.

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Personal Information (please print clearly)			
□Mr. □Mrs. □ Ms. First name M	I.L.	Last na	ime
Home Address		Apartm	nent number
City	State	Zip	
Home Phone Home Fax		Home 6	e-mail
Date of Birth			
Company name/Company Acronym Job Title			
Company address		Suite/	floor number
City	tate	Zip	
Company phone Company Fax Company e-mail			
Preferred address (check one)   Office   Ho	me		
Sponsorship Enrollment Membership is based on a calendar year from January-December.		cember.	Method of Payment  □ Check enclosed (payable to WIA)
□ PLATINUM Level	\$	1000	With the amount of \$
□ GOLD Level	\$	500	
□ SILVER Level	\$	250	Return form and check to: Women in Architecture Upstate SC PO Box 1542
□ Bronze Level	\$	125	Greenville, SC 29602
□ Lecture Event	\$	1000	

## E-mail Distribution Lists:

- ☐ Include e-mail on the Major Event and Information e-mail distribution list only
- Include e-mail on all WIA Correspondences including Monthly Committee Meeting reminder e-mails (WIA Committee meets monthly to plan events. All are welcome.)