

# National Life Member Application

## National League of American Pen Women, Inc.



**National Life Membership** may be granted to an Active Member by a one-time gift of \$2,500. (twenty-five hundred dollars) to the NLAPW General Fund. She shall continue to pay branch dues and state association dues where applicable.

### Applicant:

(Please Print Clearly)

Applicant Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_  
Home Mobile

Website \_\_\_\_\_

I am an Active Art \_\_\_\_\_ Letters \_\_\_\_\_ Music and Dance \_\_\_\_\_ Allied Professional \_\_\_\_\_ (Check discipline/s)

I joined NLAPW \_\_\_\_\_ My current branch is \_\_\_\_\_  
Date

### **Branch Treasurer**

Name \_\_\_\_\_ Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

### **Branch Membership Chair**

Name \_\_\_\_\_ Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_  
Date

Signature of NLAPW Branch Membership Chair \_\_\_\_\_ Branch \_\_\_\_\_

Signature of Applicant or Donor for Applicant \_\_\_\_\_ Date \_\_\_\_\_

### **Submission:**

- **This completed application**
- **Check payable to *National League of American Pen Women* for \$2,500.00. Check # \_\_\_\_\_**
- **Mail to: National League of American Pen Women, Inc.  
1300 17<sup>th</sup> Street NW  
Washington, D.C. 20036-1973**

**Applicant submits a copy of this application to her branch membership chair, branch president, and branch treasurer**

February 2018 Membership

Date Application Received by National \_\_\_\_\_ check # \_\_\_\_\_ Initials \_\_\_\_\_

Date Certificate Mailed to Branch Membership Chair \_\_\_\_\_ Initials \_\_\_\_\_