

Request for Reinstatement of Membership National League of American Pen Women, Inc.



Reinstatement of membership must be made within 5 (five) years of notification, with payment of current dues plus a reinstatement fee. Further, persons applying for reinstatement who have been non-members for three or more years must pay a records retrieval fee in addition to current dues and the reinstatement fee.

Applicant:

(Please Print Clearly)

Applicant Name _____

Address _____

City _____ State _____ Zip _____

Email _____ Phone _____
Home Mobile

Website _____

I am applying for reinstatement for **Membership** in (check one) ___ **Art** ___ **Letters** ___ **Music (Composition in Music and Dance)**

My type of Membership was ___ **Allied Professional** ___ **Associate** ___ **Active** ___

I was a member in _____ Branch and last paid dues _____ (year).

OR I was a Member-At-Large _____ and last paid dues _____ (year).

Confirmed by: National League of American Pen Women, Inc. _____ **OR**

Current Treasurer or Officer of _____ Branch.

I am applying to reinstate membership in _____ Branch **or** as a Member-At-Large _____.

Signature of Applicant

_____ Date _____

Documentation From the Branch:

Signature of NLAPW Sponsor _____ Branch _____

Signature of NLAPW Branch Membership Chair _____ Branch _____

(Sponsor and Membership Chair must be active members in good standing.)

Submission:

The dues of approved candidates whose applications were postmarked February 15 or later are valid through the following fiscal year. (Fiscal year, May 1 to April 30)

**National dues are \$65 + \$15 processing fee (+ \$15 reinstatement fee if over 3 years. but less than 5).
Check to National League of American Pen Women, Inc. should total \$80 (or \$95).**

**Branch Membership Chair provides to National League of American Pen Women, Inc.
1300 17th Street NW, Washington, D.C. 20036**

- **Original and 1 copy of accepted application**
- **Check**

Branch Membership Chair (the one to which member is being reinstated).

Name _____ Street _____

City _____ State _____ Zip _____

Email _____ Phone _____

**Member-At-Large Applicant sends application directly to
National League of American Pen Women, Inc., 1300 17th Street NW, Washington, D.C. 20036**

(For office use)

Date Application Received _____ check # _____	Initials _____
Date Sent to National _____	Initials _____
Date Received by National _____	Initials _____
Date Certificate Mailed to Membership Chair or to Member-At-Large _____	Initials _____