



Southern California Committee
National Museum of Women in the Arts

MEMBERSHIP APPLICATION

NAME: _____

Nickname: _____ **Spouse:** _____

Address: _____

City, State, Zip: _____

Home Phone: _____ **Office/Cell:** _____

Email: _____ **Fax:** _____

I would be interested in working on:

Programs _____

Special Events _____

Education _____

Trips _____

I have computer skills _____.

I would serve as a Board Member _____

I could host an event for _____ people.

Annual yearly dues are \$125 from July 1 to June 30 of each year. Your \$125 dues include membership in the National Museum of Women in the Arts (NMWA) and Southern California Committee (SCC NMWA) dues.

Please make your check payable to **SCC NMWA** and return, with this form to:

SCC NMWA
8464 Hollywood Blvd.
Los Angeles, CA 90069