



The Medical University Women's Club

New Member Renewing Member

Name: _____
(Title) (First) (MI) (Last)

**PLEASE CHECK HERE IF NO CHANGES FROM LAST YEAR ___
Or PLEASE NOTE ANY CHANGES BELOW:**

College/Dept/Title _____

Mailing Address: _____

City, State, Zip: _____

Home Phone: _____ Work: _____ Cell: _____

E-mail address: _____

I want to be notified of MUWC information by email: ___ yes ___ no

Spouse's Name: _____
(Title) (First) (MI) (Last)

College/Dept/Title: _____

Check if interested in joining interest groups: ___ Bridge ___ Lunch Bunch
___ Book Group ___ Evening Book Group ___ Supper Club
___ Evening Social Networking Group ___ Mahjonn

Check if interested in volunteering for MUWC Volunteer Projects:
___ Posies for Patients ___ Teddy Bear Day ___ Roses for Commencement

Active Membership Fee (\$110 tax deductible)
or MUSC-retiree Membership Fee (\$40): _____

Add'l tax-deductible donation for scholarship fund: _____

Total Enclosed: _____

Mail check (*payable to MUWC*) and completed form to:
Ms. Barbara Smith
516 Island Walk West
Mount Pleasant, SC 29464