

**CONN-M-SWAWO, Plus P.K.'s ANNUAL MEMBERSHIP FORM**

**2014-2015** \_\_\_\_\_ **2016-2017** \_\_\_\_\_ **2018-2019** \_\_\_\_\_

(Place "X" in the appropriate year - ie. December 2009 – June 2010)

TYPE: New Membership \_\_\_\_\_ Change of Information \_\_\_\_\_

(Renewals do not need to submit a form)

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ E-MAIL: \_\_\_\_\_  
EPISCOPAL DISTRICT: \_\_\_\_\_

**PRESENT STATUS CATEGORY: (Please Check One)**

SPOUSE \_\_\_\_\_ WIDOW/WIDOWER \_\_\_\_\_ P .K. \_\_\_\_\_ Other \_\_\_\_\_

**INTEREST AND INVOLVEMENT:** List special interest and skills: (Circle all that apply)

PUBLIC SPEAKING . ART . MUSIC . DRAMA . COMPUTERS . POETRY WRITING . FASHIONS .  
.PHOTOGRAPHY . GRANT PROPOSAL WRITING . WORKSHOP PRESENTER . JOURNALISM .  
.PUBLISHING . ART . INVESTMENTS . FUNDRAISING . MEDIA . LEGAL . PUBLIC SPEAKING .  
COUNSELING . HEALTH . BROADCASTING . OTHER (Specify) \_\_\_\_\_

**BECOME A MEMBER**

THE ORGANIZATION NEEDS YOU!

**\$25.00 Membership Fee**

**Make Your Check Payable To:**

**Your Episcopal District M-SWAWO Plus PK's And  
Submit form with appropriate membership fee to your Episcopal District M-  
SWAWO President**

**For Office Use Only: June** \_\_\_\_\_ **or**

**December** \_\_\_\_\_