

Women's Alliance of La Crosse

Membership Application

Last Name	First Name	Middle Initial
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Home Address

Company Name	Title
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Company Address

Home Phone	Mobile Number	Company Phone
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Email used for correspondence	Birthday Month & Day
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Initial here to be included in the membership directory. *If you opt out of the membership directly you will not have access to it.

Initial here to agree that I am an **automatic YES for RSVP** unless I contact the Treasurer the Friday before the meeting by noon. My ACH payment will occur if I do not attend the meeting and did not RSVP NO in time.

Initial here to agree that I will forfeit my membership and any paid dues if I have an outstanding invoice due past 60 days.

Annual membership dues are \$60. Please review the chart below to determine the amount of your pro-rated dues for the remainder of the year depending on them month you are joining. Dues will renew in January of each year for the full amount.

**Pre-payment of dues is accepted.

January	\$60.00	July	\$36.00
February	\$56.00	August	\$32.00
March	\$52.00	September	\$28.00
April	\$48.00	October	\$22.00
May	\$44.00	November	\$18.00
June	\$40.00	December	\$14.00

PAYMENT INFORMATION: (Authorization for Direct Payment - ACH Only)

All members must sign up for ACH withdrawal for monthly lunch payments and membership dues.

****Please provide a copy of a voided check.**

I authorize Women's Alliance of La Crosse to initiate entries into my bank account.
(Company Name)

This authority will remain in effect until I notify you in writing to cancel it in such a time as to afford the company a reasonable opportunity to act on it. I can stop payment of any entry by notifying my financial institution 3 days before my account is charged.

Name of Financial Institution Branch

City State Zip Code

Name, Please Print

Home Address, Please Print

City State Zip Code

Bank Account Number Financial Institution Routing Number

Checking Account Savings Account

Signed: _____ Dated: _____

Mail application and payment authorization from (ACH authorization above) along with a voided check to our Treasurer, Gina Miller at:

Merchants Bank
Attn: Gina Miller
|3140 Market Place | Onalaska, WI 54650