



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 Culinary Explorers  
\_\_\_\_ 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