



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 ____ Mahjongg
____ Book Group ____ Evening Book Group ____ Supper Club
____ Lunch Culinary Explorers ____ Evening Social Networking Group

Check if interested in volunteering for MUWC Volunteer Projects:
____ Posies for Patients ____ MUWC 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:
Eileen Obeid
2669 Magnolia Woods Drive
Mount Pleasant, SC 29464