



## MEDICAL UNIVERSITY WOMEN'S CLUB

*Sign Up Today!*

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 group s: \_\_\_ Bridge  
Evening Book Group Mahjonn Supper Club

Afternoon Book Group  
Lunch Bunch

Volunteer for MUWC Projects

Are you a current member of the MUSC Hospital  
Volunteer Services Team?

Are you interested in becoming a MUSC Hospital  
Volunteer?

Active Membership Fee (\$110 tax deductible):

or MUSC-retired Membership Fee (\$40):

Additional tax-deductible donation for scholarship fund:

Total Enclosed:

Mail check (payable to MUWC) and completed form to:  
Ms. Julie Parrish  
107 Kemper Lakes Court  
Summerville, SC 29483

Updated 4.2024