



Brooklyn Unit MEMBERSHIP APPLICATION

NAME

First Name

Last Name

ADDRESS

Street Address

Postal / Zip Code

City

State / Province

EMAIL

CELLULAR NUMBER

ANNUAL MEMBERSHIP DUES

Each Brooklyn Unit member renews her membership annually with a \$25 dues payment. Please indicate how you intend to pay your annual membership dues.

- ☐ VIA CHECK PAYABLE TO "CWU"
- ☐ VIA CASHAPP (\$CWUNITED)

PRINT, SIGN, AND MAIL TO:
CHURCH WOMEN UNITED
P.O. BOX 160430
BROOKLYN, NEW YORK 11216