

Membership ID _____



MEMBERSHIP APPLICATION AND RENEWAL

(Mail check and application to)

FEDERALLY EMPLOYED WOMEN

P.O. BOX 75551

BALTIMORE, MD 21275-5551

Join or Rejoining (For New Members or Past Members) Please Print Legibly
Renewal (For Active Members renewing Membership) * Required Fields

* First Name: _____ * Address 1: _____
* Last Name: _____ Address 2: _____
* Daytime Phone: _____ * City: _____
* Evening Phone: _____ * State: _____ * Zip: _____
Email (Primary): _____ Email (Secondary): _____

Employer Type: Federal Government: <input type="checkbox"/> Local Government: <input type="checkbox"/> State Government: <input type="checkbox"/> Private Industry: <input type="checkbox"/> Retired: <input type="checkbox"/> Unemployed: <input type="checkbox"/> Other (Explain): _____	Grade (check): GS 1-4 <input type="checkbox"/> GS 5-8 <input type="checkbox"/> GS 9-12 <input type="checkbox"/> GS 13-15 <input type="checkbox"/> GS 16+ <input type="checkbox"/> Job Series: _____ Service Computation Date: _____	FWP/EEO (check): FWP Full-Time <input type="checkbox"/> FWP Part-Time <input type="checkbox"/> EEO <input type="checkbox"/> Other FWP/EEO <input type="checkbox"/> Not Applicable <input type="checkbox"/>	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> Race / Nationality: American Indian <input type="checkbox"/> Asian/Pacific <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Caucasian <input type="checkbox"/> Other <input type="checkbox"/>
Dept: _____	Classification: GS <input type="checkbox"/> SES <input type="checkbox"/> ES <input type="checkbox"/> WG <input type="checkbox"/> GM <input type="checkbox"/> Other <input type="checkbox"/>		
Agency: _____			

PAYMENT: NATIONAL (\$45) * CHECK # _____

* I wish to join the _____ Chapter. (Chapter Selection is Required)

Referred/Recruited By (one name only): _____

I heard of FEW from: (select one)

FEW Chapter Meetings / Programs <input type="checkbox"/>	Blacks In Government (BIG) <input type="checkbox"/>	Internet Search <input type="checkbox"/>
FEW Member Referral <input type="checkbox"/>	FAPAC Conference <input type="checkbox"/>	Friend <input type="checkbox"/>
FEW National Training Program <input type="checkbox"/>	IMAGE Conference <input type="checkbox"/>	Co-Worker <input type="checkbox"/>
FEW Regional Training Program <input type="checkbox"/>	SAIGE Conference <input type="checkbox"/>	Other <input type="checkbox"/>

For more information about FEW or to Join Online, please visit: <http://www.few.org>

- No refunds will be made upon the acceptance and processing of a membership application.
- Contributions or gifts to FEW are not deductible as charitable contributions for federal income tax purposes.

Annual membership dues are \$45 total split between the National organization and the chapter selected by the member (\$25 to National / \$20 to the Chapter). Eligibility for Chapter membership is contingent on National membership.