

* Stars indicate required fields



Membership Application and Renewal

Please mail this application and a \$45 check to: **Federally Employed Women**
P.O. Box 715551
Philadelphia, PA 19171-5551

* Member Type	(Check one)	Member ID	Sex	
New Member	<input type="checkbox"/>	(N/A for New Members)	Male	<input type="checkbox"/>
Renewal	<input type="checkbox"/>	ID:	Female	<input type="checkbox"/>
Former Member	<input type="checkbox"/>	ID:	Other	<input type="checkbox"/>

* First Name:		* Home Address	
* Last Name:		Line 2	
* Daytime Phone:	() -	Line 3	
* Evening Phone:	() -	* City	
* Email Preference	Home <input type="checkbox"/> / Work <input type="checkbox"/>	* State / Zip+4	/ -
* Home Email:			
* Work Email:			

Employment Demographics

Department/Agency or Private Company

Pay Class	Pay Grade	Employment	Race/Nat. Origin	FWP/EEO
GS <input type="checkbox"/>	GS 1-4 <input type="checkbox"/>	Federal <input type="checkbox"/>	White (Not H/L) <input type="checkbox"/>	FWP Full Time <input type="checkbox"/>
ES <input type="checkbox"/>	GS 5-8 <input type="checkbox"/>	State <input type="checkbox"/>	Black/Afro-Amer <input type="checkbox"/>	FWP Part Time <input type="checkbox"/>
GM <input type="checkbox"/>	GS 9-12 <input type="checkbox"/>	Local <input type="checkbox"/>	Hispanic/Latino <input type="checkbox"/>	EEO <input type="checkbox"/>
SES <input type="checkbox"/>	GS 13-15 <input type="checkbox"/>	Private <input type="checkbox"/>	Asian <input type="checkbox"/>	Other <input type="checkbox"/>
WG <input type="checkbox"/>	<input type="checkbox"/>	Retired <input type="checkbox"/>	Native Hawaiian <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
Other <input type="checkbox"/>	<input type="checkbox"/>	Unemployed <input type="checkbox"/>	/Other Pacific <input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>	American Indian <input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>	/Alaska Native <input type="checkbox"/>	<input type="checkbox"/>
			Two Races <input type="checkbox"/>	

Job Series Number		Service Comp Date	
Referred / Recruited by:			

*Chapter Selection (REQUIRED_FIELD)	
*Check # (Required)	

I heard of FEW from: (select ONE please)

Chapter Meetings / Programs <input type="radio"/>	Blacks in Government <input type="radio"/>	Internet Search <input type="radio"/>
Member Referral <input type="radio"/>	FAPAC Conference <input type="radio"/>	Friend <input type="radio"/>
National Training Program <input type="radio"/>	IMAGE Conference <input type="radio"/>	Co-Worker <input type="radio"/>
Regional Training Program <input type="radio"/>	SAIGE Conference <input type="radio"/>	Other <input type="radio"/>

Please mail only applications and checks to the lockbox. The lockbox is not for general correspondence. For information about Federally Employed Women (FEW) or to join online, please visit: <http://www.few.org>

Please note:

- Annual membership dues are \$45 total.
- Eligibility for Chapter membership is contingent on National membership.
- No refunds will be made after an application has been received in the lockbox.
- Contributions or gifts to FEW are not deductible as charitable contributions for federal Income Tax purposes.