



## Women's Leadership Council Application for Membership

**Yes, I am pleased to join the Women's Leadership Council!**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City

State

Zip Code

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

**Membership Fee \$1,000**

*\* \$250 of your commitment is non-deductible for IRS purposes.*

Enclosed is a check in the amount of \$ \_\_\_\_\_

Please charge my credit card in the amount of \$ \_\_\_\_\_

Credit Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_ CVV# \_\_\_\_\_  
*MasterCard, Visa, or American Express*

This can be broken up into smaller payments. Please indicate if you would like your card charged:

- Quarterly
- Monthly

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Please return this form to:** Women's Leadership Council Office, Loyola Marymount University, University Hall, Suite 2800, One LMU Drive, Los Angeles, CA 90045

**For questions,** please contact Michelle Bernardin by phone 310.568.6161 or email [wlc@lmu.edu](mailto:wlc@lmu.edu)