

Membership Application Form

☐ Resident \$10

☐ Faculty

Total:

Membership Dues: (Please check one)

☐ Donation \$_____

\$20

Please make checks payable to Faculty Women's Club of TTUHSC MEMBER'S INFORMATION: Name: Dept (if applicable) Spouse: Dept: Address: (Home) Phone: Preferred form of (Work)_____ communication: Email: (Cell) _____ Paper: E-Mail Address: To be included in the Membership Directory for the Faculty Women's Club of the Texas Tech University Health Sciences Center, please mail your dues to the Treasurer:

MEMBERSHIP IS OPEN TO ALL FACULTY, FACULTY SPOUSES, AND RESIDENT SPOUSES

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