## 2024-2025 MEMBERSHIP DATA WOMEN'S CLUB - UNIVERSITY AT BUFFALO

MS. Last Name: First Name: M.I.	econd address on back. We send to both homes.
MRS. DR.	Primary Telephone:
Street Address with City, State, Zip (9-digit PLEASE):	E-mail:
	UB Dept. (If you work at UB):
<b>Dues Payment \$ 30.00</b>	☐ Child Care Center Contribution \$ optional
Grace Capen Academic Award Fund (Tax Deductible) \$	
*** PLEASE FILL OUT ALL CHANG	GES BEFORE RETURNING ***
2024-2025 MAILING TO SECOND ADDRI	ESS ONLY and PHOTO PERMISSION
If you wish to receive mailings and newsletters when you are this form. Due to the variability of bulk mail delivery dates, waddress successfully.	out of town for an extended period, YOU MUST notify us via we are unable to manage the timing of changing your mailing
If you fill this out, note that all mailings will go to primary (or Last Name: First Name: Second Address City, State, Zip (9-digit preferred):	Dates at this address

Print, fill out the form, and mail with your check payable to UB Women's Club to:

Anne Bielinski 83 Pasadena Place Williamsville, NY 14221-6726

Dues is \$30.00 and other contributions are optional.