2025-2026 MEMBERSHIP DATA WOMEN'S CLUB - UNIVERSITY AT BUFFALO

MS. Last Name: First Name: M.I. MRS. DR.	Primary Telephone:
Street Address with City, State, Zip (9-digit PLEASE):	E-mail:
	UB Dept. (If you work at UB):
☐ Dues Payment \$ 30.00	☐ Child Care Center Contribution \$ optional
☐ Grace Capen Academic Award Fund (Tax Deductible) \$	
*** PLEASE FILL OUT ALL CHANG	
Please make checks payable to: UR Woman's Club Submi	t in enclosed envelope by September 1 st to be listed in Yearbook.
Trease make enecks payable to. OB Women's etub. Submi	is in enclosed envelope by september 1 to be listed in Tearbook.
2025-2026 MAILING TO SECOND ADDRI If you wish to receive mailings and newsletters when you are this form. Due to the variability of bulk mail delivery dates, w	ESS ONLY and PHOTO PERMISSION out of town for an extended period, YOU MUST notify us via
2025-2026 MAILING TO SECOND ADDRI If you wish to receive mailings and newsletters when you are this form. Due to the variability of bulk mail delivery dates, w	ESS ONLY and PHOTO PERMISSION out of town for an extended period, YOU MUST notify us via
2025-2026 MAILING TO SECOND ADDRI	ESS ONLY and PHOTO PERMISSION out of town for an extended period, YOU MUST notify us via we are unable to manage the timing of changing your mailing ther side) and secondary (this side) addresses. 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.