



# The Berks County Commission for Women

## Membership Application

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

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

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

City: \_\_\_\_\_

State / Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

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

Occupation/  
Vocation/  
Business \_\_\_\_\_  
\_\_\_\_\_

Volunteer  
Experience: \_\_\_\_\_  
(if any) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dues are \$25.00 per year, payable to:  
BERKS COUNTY COMMISSION FOR WOMEN  
P.O. Box 12225  
READING, PA 19612