



I/We want to join/renew my/our membership

- \$40 Advocate
- \$16 Friend
- \$60 Feminist Household
- \$125 Access
- \$300 Voice
- \$600 Power

I would like to make an additional donation to the Fund for a Feminist Future \$ _____

Member Name(s) _____

Address _____

City/State/Zip _____

Phone (H) _____ (Cell) _____

Email _____

*Employer/Occupation _____

**information required by the California FPPC and FEC*

I would like to participate on the following sub-committee(s)/activities checked below:

- Elections/Appointments Membership Fund Development Young Feminists
- Media Legislation/Advocacy Candidate Development ERA Committee
- Interest in a City/County Board/ Commission or Elected office

Make check payable to: SBWPC and mail to: PO Box 90618, Santa Barbara, CA 93190