



It's about having fun
 It's about helping others
 It's about personal growth
 It's about staying healthy
 It's about a **Woman's Life**

Application for Membership

I apply for social membership in Woman's Life Insurance Society. I will comply with the Articles of Incorporation and Laws of the Society, as amended. I will advance the welfare and progress of the Society and its principles of connection, community and cause.

Information about the Applicant:

Name of Applicant _____
 Address _____ City _____ State/Zip Code _____
 Date of Birth (Month/Day/Year) _____ Daytime Phone Number _____
 Email Address _____
 Signature of Applicant _____ Date Signed _____

If joining an existing chapter:

Chapter Number _____ State _____ Location _____ Applicant recommended by (Signatures of two chapter members):
 _____ Date _____ _____ Date _____

Woman's Life Insurance Society Chapter _____ (Number) _____ (State) does hereby accept the above applicant as a member of said Chapter.

Signatures of Two Chapter Officers: _____ Date _____ _____ Date _____

If joining as a charter member of a new chapter:

Home Office Authorization by: _____ Date: _____

Chapter officers and members may not accept dues payments and should not have access to a member's payment information. Dues should be paid by check or credit card. The new member should complete the credit card information section or attach a check payable to Woman's Life and mail the completed application and payment direct to Woman's Life or give it personally to a Woman's Life representative. Dues are not deductible as a charitable contribution.

Credit Card Payment Authorization Form

Credit Cardholder's Name As It Appears On Credit Card _____ Daytime Phone _____

Credit Cardholder's Billing Address (Number/Street) _____ City _____ State Zip Code _____

Amount to be Charged: \$50.00 Credit Card Type: Visa® MasterCard® Discover®

Credit Card #(16 digits): _____ Expiration Date: _____ / _____

C.I.D. _____ (3 digit # on back of card - This number will not be retained by Woman's Life Insurance Society after processing)

Credit Cardholder's Signature _____ Date Signed _____

If you have any questions, please call 800.521.9292 or 810.985.5191 Ext. 168.

Note: Please use care to complete all of the necessary items on this form and sign and date it. The form cannot be processed if it is not complete.

Woman's Life Insurance Society® A Fraternal Benefit Society
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