

**New Membership Form and Invoice**

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

Work #: \_\_\_\_\_

Title: \_\_\_\_\_

FAX #: \_\_\_\_\_

Company: \_\_\_\_\_

Home #: \_\_\_\_\_

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

E-mail: \_\_\_\_\_

City/St./Zip: \_\_\_\_\_

How did you hear about WEC?

\_\_\_\_\_  
\_\_\_\_\_

Your Area of Expertise (to be included in Membership Directory):

\_\_\_\_\_  
\_\_\_\_\_

I elect the following membership payment plan:

**Annual Membership - Individual**  
\$50 Check enclosed

**Annual Membership - Organization**  
**(Up to 5 members from the same organization)**  
\$200 Check enclosed

**Annual Membership - Student**  
\$40 Check enclosed

**Mail checks to: WEC , P.O. Box 17161, Irvine, CA 92623-7161**

Please send a receipt: Yes \_\_\_ No \_\_\_

Please indicate your chapter selection: L.A. \_\_\_ Orange Cty. \_\_\_ San Diego \_\_\_

\*For organization memberships, please indicate names of up to four additional members:

Name: \_\_\_\_\_ Email & Work # : \_\_\_\_\_

Name: \_\_\_\_\_ Email & Work # : \_\_\_\_\_

Name: \_\_\_\_\_ Email & Work # : \_\_\_\_\_

Name: \_\_\_\_\_ Email & Work # : \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

If you have any friends, co-workers, clients, or other contacts that might be interested in WEC, please fill out the following information for us, and we will add them to our mailing list.

Name: \_\_\_\_\_ Company: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Email & Work # : \_\_\_\_\_