



Carteret County Women's Resource Center, Inc.
Post Office Box 687
Morehead City, NC 28557

Yes, I want to become a part of this progressive project. I am interested and I want to participate. I support the mission, philosophy and goals. I will uphold the bylaws of the CCWRC and the principles held within the proposed Equal Rights Amendment to the US Constitution.

Name _____

Address _____

Telephone _____ **Fax** _____

Membership Dues:

- \$10 Annual Individual**
- \$100 Lifetime**
- \$50 Business Sponsor**
- \$___ Tax-deductible contribution**
- Before I join, please call me. I want to know more.**

Upon receipt of this form and your dues, a member will contact you with information and your name will be added to the notices and newsletter list.