



**INDIANA COUNTY COMMISSION FOR WOMEN  
P.O.BOX 1321  
INDIANA, PA 15701**

**New Member Application Form - 2006 - 2007**

**Annual Dues \$50**

**PERSONAL INFORMATION:**

**Name** \_\_\_\_\_  
**Address** \_\_\_\_\_  
**Phone Number** \_\_\_\_\_ **Fax Number** \_\_\_\_\_  
**Email Address** \_\_\_\_\_

**WORK INFORMATION:**

**Company Name** \_\_\_\_\_  
**Address** \_\_\_\_\_  
**Phone Number** \_\_\_\_\_ **Fax Number** \_\_\_\_\_  
**Email Address** \_\_\_\_\_