



GMLC Individual Membership Form

Date _____

(To facilitate record keeping, we need a membership form with your check.)

Last Name First Name Middle Initial

Organization/Company Title/Duties

Mailing Address City Zip

Phone Fax

e-mail

Interest / Skill Survey

I am interested in/would be willing to help with (please check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Annual Meeting Planning Committee | <input type="checkbox"/> Newsletter Committee |
| <input type="checkbox"/> Professional Development Committee | <input type="checkbox"/> Speakers' Bureau |
| <input type="checkbox"/> Membership Committee | <input type="checkbox"/> Scholarship Committee |
| <input type="checkbox"/> Web site Development/Maintenance | <input type="checkbox"/> Fund Development |
| <input type="checkbox"/> Public Relations Committee | <input type="checkbox"/> Other _____ |

Return form with \$25.00 check to: GMLC, P.O. Box 511121, Milwaukee, WI 53203-0191

Membership year begins January 1. Membership form and dues accepted any time. In order to be included in the annual membership directory, dues must be received by March 1.

____ **I am also including a donation to the GMLC Scholarship Fund. Amount: \$ _____**

Please indicate which scholarship fund you would like to donate to:

- ____ Nancy Fink Scholarship Fund
- ____ Ann Marie Pawelke Scholarship Fund
- ____ General Scholarship Fund

Would you like your name published in the upcoming donors' list distributed at the annual graduation ceremony? _____ Yes _____ No