



Member Organizations Annual Registration and Survey Form

*A new form should be completed each year, and submitted with \$50.00 annual dues to:
MCWCO at P. O. Box 8504, The Woodlands, TX 77387-8504*

Date of Registration:	Former Member? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Name of Organization:	
Organization's Address:	
City, State, Zip:	
Organization's Phone:	
Organization's Email or Website:	
Organization's MCWCO Rep:	
Representative Email:	
Representative Work Phone:	
Representative Cell Phone:	
Representative FAX:	
Organization's MCWCO Alt Rep:	
Alternate Rep Email:	
Alternate Rep Work Phone:	
Alternate Rep Cell Phone:	
Alternate Rep FAX:	

For MCWCO use only: Date Dues Received: _____ Check No. _____ Receipt Issued: _____

Would you be interested in being a volunteer the day of the annual Woman of Distinction Luncheon?
Volunteer opportunities include (please check):

Registration Raffle Ticket Sales Greeter Floater

Please list your annual signature events and indicate whether they are in the spring or fall. If you have more than 4, please submit the rest on a separate piece of paper)

SIGNATURE EVENT:	Spring	Fall
1.	<input type="radio"/>	<input type="radio"/>
2.	<input type="radio"/>	<input type="radio"/>
3.	<input type="radio"/>	<input type="radio"/>
4.	<input type="radio"/>	<input type="radio"/>

Other comments: