



WAMMH Membership Form

Contact Information		
Name		
Street Address		
City, State, Zip Code		
Home Phone		
Work Phone		
Cell Phone		
E-Mail Address		
Special Skills or Interests		
Please check off any special skills, talents or interests that you would like to share with us.		
<input type="checkbox"/> Finance/Accounting/Treasury	<input type="checkbox"/> Graphic Design	<input type="checkbox"/> Art Display
<input type="checkbox"/> Computer/Technical	<input type="checkbox"/> Publicity/Public Relations	<input type="checkbox"/> Scholarship Management
<input type="checkbox"/> Website	<input type="checkbox"/> Desktop Publishing	<input type="checkbox"/> Legislative Advocacy
<input type="checkbox"/> Retail Sales	<input type="checkbox"/> Marketing & Promotion	<input type="checkbox"/> Volunteer Management
<input type="checkbox"/> Retail Buying/Display	<input type="checkbox"/> Fundraising	<input type="checkbox"/> Underwriting
<input type="checkbox"/> Thrift Store Management	<input type="checkbox"/> Art Appreciation	<input type="checkbox"/> Corporate Development

Annual dues: \$25.00

Please make check payable to WAMMH

Please complete, print, and mail this form along with your check to:

Karen Johnson
Women's Association
Morristown Memorial Hospital
P.O. Box 1956
100 Madison Avenue
Morristown, New Jersey 07962-1956
973-971-5480
kjohnson@atlantichhealth.org