Brookhaven Women In Science Membership Form

Welcome to BWIS!

		_	,	eductible. Please select a membership of	
		•	Associate Men	-	ı
I .				l add you to our mailing list. Provide yole, an email address.	our
First Name					
Last Name					
Address (either or both)	Work				
	Home				
Email address:					
Phone	Work				
	Home				
The following information is optional.					
Field of Work					
	,			IS activity. Select committees or activitely contact you with further information.	ies which
Committees				Activities	
[] Membership			[] Employee development		
[] Program			[] Fund Raising		
[] Publicity				[] Student Outreach	
[] Scholarship				[] Seminar-Lecture	
	-	ease co	ntact one of the	Membership Committee Members:	
AimeeSumereau			x 4401	aimee@bnl.gov	
Jennifer Lynch			x 4894	lynch@bnl.gov	

Please send this form together with a check for your dues payment for the current fiscal year to:

on-site - BNL: Aimee Sumereau, Bldg. 515 or Jennifer Lynch, Bldg. 179B

off-site - BNL: BWIS Membership, P.O. Box 183, Upton, NY 11973.