

**WOMEN INVOLVED IN RURAL ELECTRIFICATION**

**Membership Application for Year \_\_\_\_\_**

Enclosed is my \$5.00 membership dues.

Make checks payable to WIRE.

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE: HOME \_\_\_\_\_ OFFICE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

Check your association with rural electric system

Consumer     Employee     Director     Manager     Retiree

Spouse of :  Employee     Director     Manager

PLEASE RETURN MEMBERSHIP APPLICATION TO YOUR LOCAL  
COOPERATIVE