



Membership Form

Name _____

Residential Address _____

Residential City _____ State _____ Zip _____

Business Address _____

Business City _____ State _____ Zip _____

Preferred Phone # _____

E-Mail _____

Organization /Company _____

Title _____

2015-2016 Membership Cost: \$100.00 from October 16th – October 15th
(prorate 2014-2015 membership at \$6.25 per month until October)
(Membership fees contribute to group operational expenses)

Make checks payable to ARTEMIS

Mail to: ARTEMIS, P.O. Box 63329, Colorado Springs, CO 80962-3329

***Pay with a credit card through the Artemis website - www.artemiswomen.org -
and then through the Pay Pal link.***

(Revised 2015)

Please Note: ARTEMIS meetings / events often require an attendance fee per each session. This fee contributes to expenses associated with the function, i.e. location rental fee, etc.

www.artemiswomen.org

Tel: 719-532-0242

info@artemiswomen.org