

Membership Form

Name			Email address		
Mailing		·			
address					
Current position and					
affiliation (if applicable)					
Research and professional					
interests					T
Are you willing to serve on CCV		WH committees o	r the CCWH P	Board?	□ Yes □ No
Who told you about the					
CCWH?					
Please indicate the type of membership:					
□ New membership					
\square Member	ership renewal				
\Box Gift me	embership				
The CCWH offers different membership levels based on member income. All members have access to all CCWH resources. Please check your membership level.					
Income under \$30,000 (\$0—no cost for membership)					
☐ Income \$30,001-\$50,000 (\$25 for one year)					
☐ Income \$50,001-\$75,000 (\$55 for one year or \$150 for three years)					
☐ Income \$75,001-\$100,000 (\$85 for one year or \$235 for three years)					
☐ Income over \$100,000 (\$110 for one year or \$300 for three years)					
Membership in the CCWH runs from January 1 to December 31.					
Donations support the CCWH's awards and other expenses. If you would like to donate, please					
check the box below and enter the amount.					
☐ Please use my donation to support CCWH awards					
☐ Please use my donation to support the CCWH mentorship program					
☐ Please use my donation where it is most needed					
	unt you would lik				
Enter the total amount (US dollars) enclosed:					

Please make checks or money orders payable to the CCWH. Mail this form and payment to:

Dr. Pamela Stewart 1313 N. 2nd Street #1508 Phoenix, AZ 85004

Donations by CCWH members and other patrons support awards and other outreach initiatives. Within the United States, the CCWH is a 501(c)(3) nonprofit organization, and all contributions are tax deductible.