



Women and Girls Health Initiative

Membership Application

Name (Please list as you wish to be recognized in printed materials)

Phone Number

Mailing Address

City

State

ZIP

Email Address

Membership Dues \$50 annually

Please accept my annual contribution
at the following level:

- Marie Curie \$2500 and above
- Florence Nightingale \$1,000-\$2,499
- Elizabeth Blackwell \$500-\$999
- Clara Barton \$499 and under

Committee Preference:

- Annual Event
- Education
- Membership
- Resource Development
- I prefer not to serve on a committee

For more information, call 904.620.2810

Total Check Amount \$ _____ (Please make checks payable to the UNF Foundation)

Mail the completed form with your check to:

Margaret Gallardo
Us Coordinator
UNF, Brooks College of Health, Building 39
1 UNF Drive
Jacksonville, Florida 32224

A copy of the official registration and financial information may be obtained from the division of consumer services by calling toll free: (800-435-7352) within the state. Registration does not imply endorsement, approval, or recommendation by the state.