



WIN - WOMEN IN NAACP

Coraopolis NAACP W.I.N. Application

PLEASE PRINT

First and Last Name: _____

Address: _____

City: _____ Zip Code: _____

Email: _____

Cell: _____ Home: _____

_____ W.I.N. Membership \$10.00

_____ I would like to Volunteer

Additional Donation to support W.I.N. Programs _____ \$5.00 _____ \$10.00

_____ \$25.00

_____ \$50.00

_____ \$100.00

_____ Other Amount

Mail check and application to:

Coraopolis NAACP P. O. Box 844 Coraopolis, Pa. 15108