



MEDICAL UNIVERSITY WOMEN'S CLUB

Sign Up Today!

New Member

Renewing Member

Name: _____
(Title) (First) (MI) (Last)

PLEASE CHECK HERE IF NO CHANGES FROM LAST YEAR _____

Or PLEASE NOTE ANY CHANGES BELOW:

College/Dept/Title _____

Mailing Address: _____

City, State, Zip: _____

Home Phone: _____ Work: _____ Cell: _____

E-mail address: _____

I want to be notified of MUWC information by email: ___ yes ___ no

Spouse's Name: _____
(Title) (First) (MI) (Last)

College/Dept/Title: _____

Check if interested in joining interest groups: ___ Bridge ___ Afternoon Book Group
___ Evening Book Group ___ Mahjonn ___ Supper Club ___ Lunch Bunch

___ Volunteer for MUWC Projects

___ Be a Volunteer at MUSC Hospital

Active Membership Fee (\$110 tax deductible)

or MUSC-retired Membership Fee (\$40): _____

Add'l tax-deductible donation for scholarship fund: _____

Total Enclosed: _____

Mail check (payable to MUWC) and completed form to:

Eileen Obeid

2669 Magnolia Woods Drive

Mount Pleasant, SC 29464

Updated 2.2024