



Coalition of Labor Union Women
19th Biennial Convention
September 6-9, 2017
Detroit, Michigan

CLUW 19th Biennial Convention Sponsor Form

Yes,

I would like to become a CLUW Convention Sponsor.

All sponsors will be recognized on our website and throughout the convention in various ways: name and logo displays, in the convention program, as well as acknowledgement from the podium.

- | | |
|---|--|
| <input type="checkbox"/> CLUW Partner \$20,000 | <input type="checkbox"/> CLUW Champion \$15,000 |
| <input type="checkbox"/> CLUW Visionary \$10,000 | <input type="checkbox"/> CLUW Leader \$5,000 |
| <input type="checkbox"/> CLUW Supporter \$2,500 | <input type="checkbox"/> CLUW Friend \$1,000 |
| <input type="checkbox"/> Other: Fill in amount of contribution _____ | |

In-Kind Services:

- Printing Staff Video/Photography Other: _____

Email your organization's high-resolution logo in either .jpg, .png. or .pdf format to be used in our program book and displays **by July 24th, 2017 to csrosenblatt@cluw.org** with the subject line "2017 CLUW Sponsor."

For more information, please call Carol Rosenblatt at 202-508-6951 or email csrosenblatt@cluw.org.

Contact Information:

Organization _____

Address _____

City/State/Zip _____

Phone _____ E-mail _____

Contact Person _____

Contribution Amount _____ Date _____

Please make checks payable to Coalition of Labor Union Women and mail to:

Judy Beard, Treasurer
Coalition of Labor Union Women
ATTN: Convention Sponsor
815 16th Street, NW, 2nd Floor South,
Washington, DC 20006



For more information, please contact the Coalition of Labor Union Women by phone (202) 508-6969 or by email at csrosenblatt@cluw.org

(see over)



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Young Women Workers Committee Pledge Form

I am sending _____ (number) members to sit on the Young Women Workers Committee.
 (Young Women Workers Committee members must be 35-years-of-age or younger.)

Name	Email	Phone	Union
1)			
2)			

If you would like to send more than two people, please attach additional sheet(s) with their contact information.
All CLUW members in good standing by July 24, 2017 may be a voting delegate.

For more information, please call Carol Rosenblatt at 202-508-6951 or email csrosenblatt@cluw.org.

Coalition of Labor Union Women

MEMBERSHIP APPLICATION FORM

MEMBERSHIP CATEGORIES (CHECK ONE)

<input type="checkbox"/>	\$35	New Member	<input type="checkbox"/>	\$150	Sustaining
<input type="checkbox"/>	\$50	Regular	<input type="checkbox"/>	\$15	Retiree
<input type="checkbox"/>	\$50	Associate	<input type="checkbox"/>	\$15	Unemployed
<input type="checkbox"/>	\$75	Contributing	<input type="checkbox"/>	\$15	Student
<input type="checkbox"/>	\$100	Supporting	<input type="checkbox"/>	\$1,000	Lifetime (one-time Pmt.)

Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ International Union: _____

Email Address: _____

Birthdate (mm/dd/yyyy): _____/_____/_____

Enclosed is my check in the amount of \$_____

If you would like to pay your dues using a credit card you can use our secure server at www.cluw.org

Date _____ Authorized Signature _____

