

Feminist Majority Leadership Affiliates
Membership Form

New Members: By completing this form, you will become a member in _____ (campus group name) and in the Feminist Majority Foundation. As a member, you will also be eligible to receive the FMF's bi-monthly Choices e-zine, special online access to fact sheets, organizing materials, and a one year membership to the Ms. Community, which entitles you to receive the special low discount of \$7 for Ms. Magazine. You will also be added to the feministcampus.org student activist network and your campus group's list serve from both of which you will receive email alerts and updates on actions, programs, and events.

Returning Members: If you have previously joined your campus group, please update your commitment and contact information each year at <http://www.feministcampus.org/network/join/joinform.asp>. You also are eligible to join the Ms. Community at the special annual rate of \$7.

As a member of the Campus Program I agree with and advocate all of the following principles:

- Equality between women and men, girls and boys, and constitutional and statutory measures to achieve equality.
- Safe, legal and accessible abortion, and family planning, including Medicaid funding and access to minors.
- Achieving civil rights for all people, including affirmative action programs for women and people of color.
- Lesbian, gay, bisexual, and transgender rights.
- Non-discrimination on the basis of sex, gender, race, sexual orientation, socio-economic status, religion, ethnicity, age, marital status, national origin, size, or disability.
- Non-violence and the elimination violence against women.
- Programs directed at the preservation of the environment, clean air, and water, the elimination of smog, toxic and hazardous waste, chemical and nuclear weaponry.
- Workers' collective bargaining, pay equity, and the end of sweatshops.
- The organization is a non-profit, non-sectarian, non-partisan, voluntary organization affiliated with the Feminist Majority Foundation.

Please count me in as a member:

New Member

Returning Member

Signature

Date

Print Name _____ Expected Month/Year of Graduation _____

Name of College/ University _____ Email _____

Field of Study/Major _____ Cell Phone _____

Member Contact Information:

School Address _____ Permanent Address (if different) _____

Street _____ Street _____

Apt _____ Apt _____

City _____ City _____

State _____ Zip _____ State _____ Zip _____