



## Charter Membership Form

### Northwest Association of Title IX Administrators

Complete the section(s) below to complete membership information; membership may also be completed online at [www.nwatixa.org/membership](http://www.nwatixa.org/membership). Please complete all sections in full. You may register up to three additional people if you're applying for an institutional membership.

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#### Membership Type and Cost (choose one)

- |                                     |   |  |  |
|-------------------------------------|---|--|--|
| <input type="checkbox"/> Individual | \$50/person/year<br>(One vote/ individual membership) | <input type="checkbox"/> Institutional | \$100/year for up to four persons<br>from the same institution or school<br>district<br>(One vote per institution or district) |
|-------------------------------------|---|--|--|
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#### First Member

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Title \_\_\_\_\_  
Institution or School District \_\_\_\_\_  
Work Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Contact Phone \_\_\_\_\_ Email \_\_\_\_\_

#### Second Member

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Title \_\_\_\_\_  
Contact Phone \_\_\_\_\_ Email \_\_\_\_\_

#### Third Member

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Title \_\_\_\_\_  
Contact Phone \_\_\_\_\_ Email \_\_\_\_\_

#### Fourth Member

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Title \_\_\_\_\_  
Contact Phone \_\_\_\_\_ Email \_\_\_\_\_

#### Return to:

**Northwest Association of Title IX Administrators, c/o Melissa Mecham, City University of Seattle, 521 Wall Street, Seattle, WA 98121. Make checks or money orders payable to Northwest Association of Title IX Administrators.**