MUSC
Medical University of South Carolina

MUWC MEMBERSHIP APPLICATION/RENEWAL

Application for: New Member ☐ Renewing Member ☐ Donation ☐
(check all that apply)

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

RENEWING MEMBERS: Please only complete the below if you have changes to your contact information
NEW APPLICANTS: Please complete below to be added to the MUWC membership directory

Associated MUSC College/Dept:_____

Mailing Address:_____

City: _____ State:_____ Zip:_____

Cell Phone:_____Work:_____Home:_____

Email Address:_____ Alternate Email:_____
(These emails will be used to send information regarding MUWC events and activities)

I am a MUSC Employee ☐ Retiree ☐ Spouse/Significant Other ☐
(Check One)

Spouse/Significant Other Name:_____
(Title) (First) (MI) (Last)

Spouse/Significant Other Email:_____

My Spouse/Significant Other is a MUSC Employee ☐ Retiree ☐ Neither ☐
(Check One)

Active Membership Dues ($110, tax deductible):_____

MUSC-Retired Membership Dues ($40, tax deductible):_____

Optional additional donation to the MUWC Scholarship Fund (tax deductible):_____

Payment Methods:

Make check payable to "MUWC" and mail along with completed form to:
Ms. Julie Parrish
107 Kemper Lakes Court
Summerville, SC 29483

Send Zelle payments to Zelle Tag: **muwc1966**
(and mail or email completed form to the address above to jparrish@musc.edu)

Total Check Enclosed:_____

Total Zelle Payment:_____

Name on Zelle Account:_____