

The New Jersey Women's and Gender Studies Consortium

2022-2023 Institutional Membership Form

Name of Institution:

Authorized by:

Mailing Address:

Phone:

Contact Person:

Level of support: _____ \$1,000 Sponsor
 _____ \$500 Supporter
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 _____ Any amount your institution will provide

**Please make checks payable to:
The New Jersey Women's and Gender Studies Consortium.**

Checks and membership form may be mailed to:

Dr. Erica Ryan
Rider University
Dept of History
2083 Lawrenceville Rd
Lawrenceville, NJ 08648

Thank you for your partnership with the New Jersey Women's and Gender Studies Consortium!

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