

## Time for a Party Tell us about your party

Please fill out this form and return with any membership applications and payments to: **NAWCC, Inc., 514 Poplar St., Columbia, PA 17512** (Attn: Membership Department), immediately following your party. Thank you for helping to increase NAWCC membership through this program.

Party Organizer Name (or Chapter):				
Address:				
City:	State:	Zip:		
Phone:	Email:			
Party Date:				
No. of guests:				
How many guests decided to join tl	he NAWCC while at your part	·y?		
Would you like us to send one or m		rmation about the N	AWCC? If so, please	e list their