



**YES! I would like to join The Guild**

- Special Offer for 2011 only!* \$550 Lifetime Membership**
- \$50 Annual Membership**       **\$100 Patron Annual Membership**
- No Charge! I am a mother of a child who has/had cancer.**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Payment Information:  Check Enclosed (made payable to WOKC)    VISA    MasterCard

Credit Card Number: \_\_\_\_\_ Exp: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

Signature: \_\_\_\_\_

**Please return to 1349 Empire Central #240, Dallas, TX, 75247 or [ecsotolo@wokc.org](mailto:ecsotolo@wokc.org).**