



United States Women of Today

Verification for Certifications

Send completed form trimesterly to the appropriate USWT Program Manager, postmarked no later than Sept. 1st, Jan 2nd, May 1st.

Contact Person _____ State _____

Address _____

City _____ State _____ Zip _____

Phone _____

Email _____

Programming Area

Health & Wellness

STEP I

STEP III

Personal Development

STEP II

STEP IV

Member Name (print clearly)	Date	Chapter Name