



The Women's Club of Madison

PO BOX 691, Madison, CT 06443

MEMBERSHIP APPLICATION

Name: _____ **Spouse:** _____

Address: _____ **Children:** _____

Phone (s) : _____

Email address: _____

Birth month and day: _____

Members shall:

- **Be assigned to a committee annually.**
- **Be required to attend at least one general meeting annually.**
- **Meet membership requirements: participation in a standing committee, actively and financially support CIP & Ways & Means Projects.**
- **Pay dues of \$50 yearly.**

Please indicate first (1), second (2), and third (3) committee preferences:

____ **Advocates for Children**

____ **Arts & Culture**

____ **CIP(Community Improvement Project)**

____ **Civic Engagement and Public Affairs**

____ **Education/Scholarship Trust**

____ **Environment**

____ **Fundraising/Ways & Means**

____ **Health and Wellness**

____ **Historian**

____ **Membership**

____ **Publicity/Photography**

____ **Signature Project/**

____ **Domestic Violence Prevention**

____ **Social Services/Cheer**

____ **Yearbook**

Would you be willing to serve on more than one committee? _____

Having attended at least one meeting, I wish to be considered for membership in the Women's Club of Madison, INC. I shall abide by the Club's Constitution and the bylaws and shall support Club projects.

Applicants' Signature: _____

Sponsor: _____ **Date:** _____

Please make a check out to The Women's Club of Madison for \$50 and return to: Membership Chairman, P.O. Box 691, Madison, CT 06443.

For more info, contact: Denise Rose at 203-605-9814 or Maryanne Harmuth at 203-804-7536 or Anna Marie Lane at 203-245-0240.

August 12, 2024