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:

____Arts & Culture
____CIP(Community Improvement Project)
____Civic Engagement and Outreach
____Education/Scholarship
____Environment
____Fundraising/Ways & Means
____Health and Wellness
____Hospitality
____Membership
____Publicity
____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:
Women's Club of Madison, Membership Chair, P.O. Box 691, Madison, CT 06443.

For more info, contact:
Joan Powers at 917-601-8194 or Gladys Waltemade at 917-855-5812.

July 19, 2026