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
_____ Photography
_____ Civic Engagement and Outreach
_____ Communications
_____ Education and Libraries
_____ Publicity
_____ Environment: (Conservation & Gardening)
_____ Social
_____ Health and Wellness
_____ Nominating
_____ Community Impact Project (C.I.P.)
_____ Disbursement
_____ Hospitality
_____ Fundraisers(Ways and Means)
_____ Membership
_____ Scholarship Trust Committee
_____ Newsletter
_____ Yearbook
_____ Signature Project (Domestic Violence Prevention)

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 917-885-5812.

You can also visit our website at https://womensclubmadisonct.com