



WOMEN'S CLUB OF MADISON, INC.

Member of the General Federation of Women's Clubs of Connecticut, Inc.

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:

Education

Membership

Arts

Newsletter

Hospitality

Homelife

Social Services

Ways & Means

Public Affairs

CIP (Community Improvement Project)

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

Do you have computer skills? ____

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 Women's Club of Madison for \$50 and return to Membership Chair Our website: womensclubmadisonct.com
PO Box 691, Madison, CT 06443.

For more info, contact: Mary Davis at 203-245-8459 or
Pam Molenaar at: 203-245-1522