

APPLICATION FORM FOR WOMAN'S CLUB OF LACEY

The Woman's Club of Lacey, Inc. a non-profit service organization
"Dedicated to pursue with diligence the best life for our home and community."

LAST NAME: FIRST NAME:

ADDRESS:

TELEPHONE: Birth date:

Emergency Contact info- Name Phone

E-MAIL ADDRESS:

Have you ever been a member of another Federated Woman's Club? Yes/No (circle one)

If so, give the name of the club and its location:

Date joined: Date left:

If you are interested in learning more about or have ever had experience in one or more of the following areas, please circle:

- Arts/Creative (Crafts) Arts/Performing (Drama and/or Music)
Communication Community Improvement Conservation Literature
Fund Raisers/Raffles Hospitality International Affairs Photography
Public Issues Scrapbook Nursing Home Visits Social Services

We look forward to you sharing your skills and talents with the Club.

MEMBERS ARE EXPECTED TO:

- Attend meetings regularly. Be an active member in at least one Department.
Take part in club interests and goals. Serve on club Committees.
Support club Fund Raising efforts.

*Applicants must attend one General and one Department Meeting before they can be accepted as a member:

- 1. General Meeting attended: Date: Presidents or VP initials:
2. Department meeting attended: Date: Chairman's initials:

How did you hear of the Woman's Club of Lacey?

Sponsored by:

Signature of Membership Chairman:

It is my understanding that all monies made by the Woman's Club of Lacey will be donated ONLY to approved charities and schools and organizations of Lacey Township.

Proposed member's signature: Date:

XX

Dues: \$ Special State Project Donation:\$5.00 + \$

TOTAL \$

Date Board Approved: Date Installed: