



Woman's Club of Pewaukee Membership Form

Name _____

Address _____

City/Town _____ State _____ Zip _____

Email Address _____

Phone Home _____

Cell / Work _____

Please check area(s) of interest:

Conservation Education Public Affairs International Affairs
 Arts Health & Home Community Service Undecided

Please send this form and annual dues (\$35.00 payable to Woman's Club of Pewaukee) to:

Womans Club of Pewaukee
Membership Committee
P.O. Box 492
Pewaukee, WI 53072

Thank you for joining the Woman's Club of Pewaukee!