



Woman's Club of Pewaukee Membership Form

Name _____

Address _____

City/Town _____ State _____ Zip Code _____

Birthday – month & date only _____

Email Address _____

Cell/Work _____ Home Phone _____

Please check area(s) of Interest:

Arts & Culture _____ Education & Library _____ Environment _____

Health & Wellness _____ Civic Engagement & Outreach _____ Other _____

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

Woman's Club of Pewaukee
Membership Committee
P.O. Box 492
Pewaukee, WI 53072

Thank you for joining the Woman's Club of Pewaukee