



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 _____

I grant permission for the WCP to use any photograph or video taken of me, or to use my name, on its website, in news releases, on social media sites or in other communications related to the WCP and its mission.

Please send this form and annual dues (\$45.00) 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