

# **GFWC Woman's Club of Pewaukee**



Name \_\_\_\_\_

Address \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_

Phone Home \_\_\_\_\_

Cell or Work \_\_\_\_\_

**Annual Dues \$45.00**

Woman's Club of Pewaukee (WCP) dues cover the period from July 1 through June 30 and provides support to these groups:

Local – Woman's Club of Pewaukee	\$21.00
District – Rolling Hills District	2.00
State – GFWC–Wisconsin	7.00
National - GFWC International	<u>15.00</u>
	<u>\$45.00</u>

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.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please send this form with payment to:

Woman's Club of Pewaukee, PO Box 492, Pewaukee, WI 53072

*Thank you for being a part of Woman's Club of Pewaukee. We appreciate your support.*