GFWC Woman's Club of Pewaukee

New Member Form

Name_____

Address_____

City/Town _____State___Zip_____

Birthday – month & Date only _____

Email Address _____

Phone Home_____ Cell or Work _____

Emergency Contact Name _____

Relationship _____Phone _____

Please check area(s) of Interest:

Arts & Culture _____ Education & Library _____Environment _____

Health & Wellness _____Civic Engagement & Outreach ____ Other _____

☐ I grant permission for the Woman's Club of Pewaukee 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 annual dues of $45 payable to:

GFWC Woman's Club of Pewaukee

PO Box 492, Pewaukee, WI 53072

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