

THE WOMAN'S CLUB OF SMITHFIELD

Membership form

I hereby apply for membership in The Woman's Club of Smithfield, Inc.

MEMBERSHIP INFORMATION

Full Name: _____

Preferred Name: _____ **Husband's Name:** _____

Address: _____

Phone: _____ **Cell:** _____

E-mail: _____

Biographical: (anything the prospective member cares to share about volunteer, work experience, education, leadership, offices held and hobbies. Please provide information on any interests, talents, special knowledge or skills. Examples include but are not limited to computer, technology, accounting, bookkeeping, administration, event planning, marketing/sales, medical, writing or activities for special populations). _____

APPLICANT SIGNATURE: _____ **DATE:** _____

SPONSOR: _____ **DATE:** _____

APPROVED

By Board: _____ **DATE:** _____

Date Dues received: _____

