



METROPOLITAN WOMAN'S CLUB, INC

MEMBERSHIP APPLICATION

Thank you for your interest in the Metropolitan Woman's Club (MWC). Dues are \$60 per year (\$35 may be reported on taxes as a charitable contribution)

Procedure for joining MWC:

1. Complete the Application Form.
2. Mail this application and your check made payable to: **MWC, Inc** to the address listed below

Metropolitan Woman's Club, Inc
 Attention: Membership
 PO Box 5125
 Madison, WI 53705-5125

3. Please contact the Membership Committee with any questions at info@metrowoman.org

NAME _____ OCCUPATION _____

ADDRESS _____

E-MAIL _____

HOME PHONE _____ CELL PHONE _____

INTEREST GROUPS (check those you are interested in)

- | | | |
|---|--|--|
| <input type="checkbox"/> Arts & Crafts | <input type="checkbox"/> Fourth Wednesday Bridge | <input type="checkbox"/> Metro Singles |
| <input type="checkbox"/> Chat 'N' Chew | <input type="checkbox"/> Literature | <input type="checkbox"/> Metro Women on the Go |
| <input type="checkbox"/> Duplicate Bridge | <input type="checkbox"/> Metro Scribes | <input type="checkbox"/> Walking |

ENCLOSED DUES & CONTRIBUTIONS: \$ _____ Membership (includes \$35 tax deductible contribution)
 \$ _____ Additional tax deductible contributions
 for scholarship/service awards
 \$ _____ Total enclosed

APPLICANT'S SIGNATURE _____ APPLICATION DATE _____

MWC Use Only

INITIAL DUES AMT. _____ DATE PAID _____ WELCOME SENT _____