

MEMBERSHIP APPLICATION

Date of Application:	Treasurer ONLY – Payment Method/Ck#
Applicant's Full Name:	
Name as it should appear on Your Badge: _	
Birthday (MM/DD):	Spouse's Name (if applicable)
Local Street Address:	
City	Zip Code:
Cell Phone:	Landline:
Email Address:	
LEVELS OF MEMBERSHIP	
Member \$75 + \$15 Name Badge = \$90	
Supporting Member \$500	Other Amount
Supporting Member \$500 Getting to Know You	
Getting to Know You Former member of a Federated Woman's Cl	
Getting to Know You Former member of a Federated Woman's Cl How did you learn about the BEWC?	lub? No Yes/Club Name
Getting to Know You Former member of a Federated Woman's Cl How did you learn about the BEWC?	lub? No Yes/Club Name
Getting to Know You Former member of a Federated Woman's Cl How did you learn about the BEWC? What are your interests or hobbies?	lub? No Yes/Club Name
Getting to Know You Former member of a Federated Woman's Cl How did you learn about the BEWC? What are your interests or hobbies? What Country Club/Social Club(s) are you a What was or is your career? By signing below, you agree with our no solice	lub? No Yes/Club Name