

Application received by Office:	_____
Viewed by Board of Governors:	_____
Elected to Membership:	_____
Member Number:	_____

MEMBERSHIP REINSTATEMENT APPLICATION

***ASTERISK DENOTES REQUIRED INFORMATION**

*Please Select Category to Apply For: Resident
 Non-Resident (Bylaws, Article I)

*Please Select Status: Regular
 Intermediate (under 45 years)
 Associate (over 80 years)

Title: _____ *Full Name: _____
(Last) (First) (Middle Name/Initial) (Preferred Name)

*Street Address: _____

*City: _____ *State: _____ *Zip: _____

*Telephone: (Home) _____ (Work) _____
(Cell) _____ *(Preferred Phone) _____

*E-Mail Address: _____

Spouse's Full Name (if applicable): _____

Your name as you would like it to appear in the yearbook:

*Date of Birth _____

*Education: _____

*Employment: _____

*Position: _____

*Tell us some things about yourself and your interest in seeking reinstatement into The Woman's Club:

- | | | | |
|------------|---|---|---|
| Volunteer | <input type="checkbox"/> Archives | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Membership Committee |
| Interests: | <input type="checkbox"/> Communications Committee | <input type="checkbox"/> Horticulture/Grounds | <input type="checkbox"/> Program Committee |
| | <input type="checkbox"/> Door Greeter | <input type="checkbox"/> Hospitality/Refreshments | <input type="checkbox"/> Special Events Committee |
| | <input type="checkbox"/> Finance Committee | <input type="checkbox"/> Law/Policy-making | <input type="checkbox"/> Volunteer Committee |
| | <input type="checkbox"/> Flower Arranging | <input type="checkbox"/> Library Committee | <input type="checkbox"/> Not At This Time |

Please feel free to attach a resume to your application.