



**FLEMINGTON WOMAN'S CLUB
MEMBERSHIP APPLICATION
PLEASE PRINT**

I'm interested in attending:
Please check one:
 Day Meetings ~ Noon
 Evening Meetings ~ 7:00PM

LAST NAME _____ FIRST _____ SPOUSE'S _____

ADDRESS: _____

CITY _____ ZIP _____

TELEPHONE _____ CELL _____ EMAIL _____

BIRTHDAY: MONTH _____ DAY _____

SPONSORS: 1.) _____ 2.) _____

Membership involves attending meetings, participating in special activities and being involved in committee work whenever possible. All members ARE EXPECTED TO participate in fundraising activities through active participation, purchase at least one ticket to the Annual Fall Fundraiser and sell/purchase 2 raffle ticket books or give an equivalent donation.

Some of our committees are listed here, please indicate your interest.

- Teas (lunches)
- Scholarship Game Party
- Grounds & Gardens
- Book Club
- Decorating
- House Maintenance
- Communications
- Fall Fundraiser
- Membership
- Lunch Bunch

Member Background

Education: _____

Hobbies/Interests: _____

Occupation: if retired, what occupations have you been involved with?

Emergency Contact:

Name _____ Relationship _____ Phone _____

As a Member of the Flemington Woman's Club, I give FWC permission to use pictures taken of me at FWC events on the Flemington Woman's Club website, Facebook page or any/all FWC forms of marketing and advertising.

Signature of Applicant: _____ Date: _____

Return Dues *\$55 Dues and Application Form to:

Membership Chair, Flemington Woman's Club, PO Box 66, Flemington, NJ 08822

*New members accepted between September 1st and December 31st shall pay \$25.