



Membership Registration Form 2024-2025

_____	_____
First Name	Last Name
_____	_____
Street Address	City/Zip Code
_____	_____
Home Phone	Mobile Phone
_____	_____
Email Address	Date of Birth
_____	_____
Employed/Stay at Home Mom/Retired	Full Time/Part Time
_____	_____
Your Profession	Your Employer
_____	_____
Partner's Name	Partner's Employer
_____	_____
Child's Name	Age
_____	_____
Child's Name	Age
_____	_____

Please share your interests and skills for our volunteer database. Please check those that apply:

- | | | |
|---|---|--|
| <input type="checkbox"/> Advertising/PR | <input type="checkbox"/> Event Planning Hospitality | <input type="checkbox"/> Graphics/Web Design |
| <input type="checkbox"/> Finance/Accounting | <input type="checkbox"/> Community Service | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Writing/Editing/Layout | <input type="checkbox"/> Photography | <input type="checkbox"/> Leadership |

How did you hear about us? Another member Internet Other: _____

Reason for joining? Networking Making Friends Volunteering
 Other: _____

Membership Dues: \$60.00 (nonrefundable) New Members: \$70.00 (includes name badge) **DUE BY 10/8/24**

Payment Options:

Cash Check (Check Number: _____) Date Received: _____

E-mail: ChapinJWC@gmail.com Web: chapinjrwomansclub.com FB: @ChapinJuniorWomansClub