



## Application for Membership in the STAMFORD WOMAN'S CLUB

PLEASE PRINT ALL INFORMATION Today's Date .....

( ) Mrs. ( ) Miss ( ) Ms. Birth Month.....Day.....

( ) Married ( ) Widow ( ) Single

Last Name.....

First Name.....

Husband's First Name.....

Do you want your husband's name listed in yearbook? ( ) Yes ( ) No

Address..... Zip.....

Telephone.....

Cell Phone.....

Email Address.....

Applicant's signature .....

Is Proposed by (Signature) .....

Seconded by (Signature) .....

Approved by SWC Board Date .....

NOTE: Please mail to Membership Chair Susanne Monasa at 29 River Ridge Court, Stamford, CT 06902 with your dues payment of \$60.00 payable to the Stamford Woman's Club.