The Woman's Club of Arlington

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Serving Arlington for Over 90 Years

THE WOMAN'S CLUB OF ARLINGTON – MEMBERSHIP APPLICATION FORM

Name: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Telephone numbers:

Home: _____ Cell: _____ Work: _____

Email address: _____

Birthday (month and day): _____

What are your interests and hobbies?

How did you learn about the Woman's Club of Arlington, including referral by a current or former member?

Please briefly tell us about your work and community experience:

Please provide the following emergency contact information, circling the preferred method of contact for each:

1. Primary person to notify in case of an emergency:

   Name: _____

   Relationship to you: _____

   Landline: _____

   Cell: _____

   Work: _____

Email: _____

2. Secondary contact (will only be contacted if the primary contact can't be reached)
   Name: _____

   Relationship to you: _____

   Landline: _____

   Cell: _____

   Work: _____

   Email: _____

Please sign and date this application and mail it with your $65 annual dues, payable to THE WOMAN'S CLUB OF ARLINGTON, to the address at the top of this application. If you have any questions, please use the email address listed on the front page of the application to contact us.

_____ _____

Signature: Date:

Thank you for your interest in becoming a member of the Woman's Club of Arlington!