APPLICATION FORM FOR WOMAN'S CLUB OF LACEY

The Woman's Club of Lacey, Inc. is a non-profit service organization
"dedicated to pursue with diligence the best life for our home and community."

Full Name _____   Birth Date _____

Street Address _____   City, State _____

Email _____   Zip Code _____

Home Phone _____   Cell Phone _____

Emergency Contact Info:

Name _____   Best Phone No. _____

How did you hear about the Woman's Club of Lacey? _____

We look forward to you sharing your skills and talents with the Club. Please indicate which areas you in which you are interested or have experience.

☐ Arts Creative/Crafts   ☐ Fundraising/Raffles   ☐ Providence House

☐ Arts/Performing (Drama and/or Music)   ☐ Environmental Issues   ☐ Photography

☐ Book Club   ☐ International Affairs   ☐ Public Issues

☐ Communications   ☐ Meeting Setup   ☐ Social Services/Food Bank

☐ Facebook   ☐ Nursing Home

Applicants must attend one General Meeting and commit to one department meeting before being accepted as a member. Please indicate your participation.

General Meeting attended: Date _____   President's or VP Initials _____

Department Meeting attended: Date _____   Chairperson's Initials _____

Members are expected to attend meetings regularly, be an active member of at least one department, support Club interests and goals, support Club fundraising activities, and serve on a Club committee.

All funds raised by the Woman's Club of Lacey will be donated ONLY to approved charities, schools and organizations of Lacey Township. The application should be given to the Membership Chairperson or anyone on the Executive Board.
I have read, understand, and agree to the expectations.

_____   _____
Proposed Member's Signature   Date

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Dues $ _____

Special State Project Donation $5.00 + $ _____

Total $ _____

Date Board Approved _____   Date Installed _____

WOMAN'S CLUB OF LACEY

New Member Bio

Full Name _____

Home Phone _____ Cell Phone _____

Have you ever been a member of another Federated Woman's Club? ☐ Yes ☐ No

If so, what was the name and location? _____

What positions did you hold? _____

Date Joined _____ Date Left _____

Other Organization Affiliations, Years Involved, Positions Held

a. _____

b. _____

c. _____

Work Experience

a. _____

b. _____

c. _____

Volunteer Experience (PTA, Booster, etc.)

a. _____

b. _____

c. _____

Anything else you would like us to know about you?

_____

_____

_____