

# CAMP HILL WOMAN'S CLUB MEMBERSHIP APPLICATION

Name:

\_\_\_\_\_

First	Middle	Last
-------	--------	------

How would you like your name tag to read? \_\_\_\_\_

Address:

\_\_\_\_\_  
Street, City and Zip Code

Mailing Address (if different from above):

\_\_\_\_\_  
P.O. Box, City and Zip Code

Home Phone: \_\_\_\_\_ Work or Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Name of Sponsor (leave blank if you have no sponsor and/or have applied through our website)

\_\_\_\_\_  
Thank you for your application. It will be processed at the next Board meeting, at which point you will be notified of your official membership to the Camp Hill Woman's Club.

**Please give your completed application together with your \$30 (yearly dues) to your sponsor or mail it to: Camp Hill Woman's Club, Membership Chairwoman, P.O. Box 512, Camp Hill PA 17011.**

Club meetings are held the second Tuesday of each month from September to May at 7:00 p.m. in Prosser Hall of the Camp Hill Borough Building, 2145 Walnut Street.