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.

☐ Advocates for Children
☐ Arts & Culture/Crafts
☐ Arts/Performing (Drama and/or Music)
☐ Civic Engagement
☐ Communications/Social Media/Email/Web
☐ Domestic Violence/Providence House
☐ Education & Libraries
☐ Fundraising/Raffles
☐ Environmental Issues
☐ Health & Wellness
☐ Hospitality/Meeting Setup
☐ International Affairs
☐ Nursing Home
☐ Photography
☐ Public Issues
☐ Special Needs Adults

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.

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 _____

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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 think we should know about you?

_____

_____

_____