

# Newcomers/New Friends of Ozaukee County - Membership Form

Please send completed form and dues to:

Jackie Odders W75N813 Tower Ave Cedarburg, WI 53012	Checks payable to "Newcomers"  Questions? Call Jackie 262-618-4003
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The Newcomers membership year runs from September 1 through August 31. Dues are \$30. If joining after February 1, dues are \$15 for the remainder of the membership year.

## Directory Information (Please **PRINT** clearly!)

Name: \_\_\_\_\_

Spouse's name: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home phone \_\_\_\_\_ Mobile phone \_\_\_\_\_

Birthday month/day \_\_\_\_\_ Moved from \_\_\_\_\_ Year \_\_\_\_\_

E-Mail address \_\_\_\_\_

**Newcomers Activities/Interests:** (Check all interests)

Afternoon Book Group	<input type="checkbox"/>
Bridge - American STD	<input type="checkbox"/>
Evening Social Events	<input type="checkbox"/>
Home and Garden	<input type="checkbox"/>

Knit and Chat	<input type="checkbox"/>
Luncheons & Tours	<input type="checkbox"/>
Mah Jongg	<input type="checkbox"/>
Matinee Madness	<input type="checkbox"/>

Cheers!	<input type="checkbox"/>
Walking Group	<input type="checkbox"/>
Board Games	<input type="checkbox"/>
Evening Book Group	<input type="checkbox"/>

How did you become aware of Newcomers? \_\_\_\_\_

I have a suggestion for a new group \_\_\_\_\_

I would be willing to coordinate a new or existing event \_\_\_\_\_

I would be willing to host an evening event \_\_\_\_\_

I would be interested in serving on the Newcomers board \_\_\_\_\_

Newcomers has a closed Facebook group for members to use to exchange information. If you would like to join, go to <https://www.facebook.com/groups/1476387012455003/> and ask to join.

*My signature below authorizes Newcomers to use my image from any event photo as part of its newsletter, website or promotional materials. (photo subjects are not identified by name)*

**\*\*I understand that attendance at Newcomers Club of Ozaukee County activities and/or gatherings is voluntary and I accept all risks and responsibilities for participating.\*\***

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 SIGNATURE DATE