



DAHLONEGA WOMAN'S CLUB

PO BOX 772, Dahlonge GA 30533

www.dahlongegawomansclub.org dahlongegawomansclub@gmail.com

New Member Application

Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Employer: _____ Business Phone: _____

Birthday (Month/Day) _____

Are you: Single _____ Married _____

Spouse's Name: _____

Number of Children: _____ Grandchildren: _____

What are your hobbies or interests? _____

Please list other organizations to which you belong: _____

Dahlonge Woman's Club is a community service organization that promotes volunteer work within our city and county. Which area of service would you like to be involved in at this time?

Arts _____ Education _____ Community Outreach _____ Conservation _____

How did you hear about DWC? _____

May we use your photo for the Club's publicity? Yes _____ No _____

New Member signature _____ Date: _____

Current dues: \$50 per year (\$25 after Aug 1st) Name Badge: \$15

Please mail form with dues to: PO Box 772, Dahlonge, GA 30533

or give to Membership Chairwoman