



WOMEN OF OAK BROOK

MEMBERSHIP APPLICATION

www.womenofoakbrook.org ✉ Info@womenofoakbrook.org

Today's Date: _____
Name: _____ Date of Birth (M/D) _____
Spouse: _____
Home Address: _____ Subdivision _____
City: _____ State: _____ Zip Code: _____
"Winter" Address (if applicable) _____

Cell Phone #: _____ Home Phone #: _____

Email: _____

Organization/Company/Occupation (Optional): _____

How did you hear about WOB? _____

EMERGENCY CONTACT

Name: _____ Relationship: _____ Phone: _____

ANNUAL MEMBER DUES (June-June): \$50 [CHECK #] *Payable to: Women of Oak Brook*
PLEASE SEND COMPLETED APPLICATION AND PAYMENT TO: **WOB - "MEMBERSHIP"**
PO BOX 3311
OAK BROOK, IL 60522-3311

NOTE: Members must be 18 years and over, residents, former residents or business owners of Oak Brook. Checks must be written for membership dues only and not in combination with any other WOB event or activity. By becoming a member, you are consenting to receiving emails, texts, and communication from the WOB Marketing Team. We may also use your image /picture for club publicity and marketing purposes. Initials_____

INTERESTS/TALENTS:

What type of work/volunteering do you do?

What talents do you want to share with WOB? What groups are you interested in starting?

What Committees are you interested in Chairing/Co-Chairing or becoming a member? (Initial C/CC/M below)

Membership Committee	Community Service Group
Communication/PR/Marketing Committee	Caretaker Support Group
Event Planning Committee	Activity Groups (Special Interest/Recreational/Cultural Events)
Philanthropy Committee	

THANK YOU!