

BITTERROOT WOMEN NEWCOMERS CLUB

MEMBERSHIP FORM

Date: _____

NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE: MT ZIP: _____

PHONE: _____ CELL: _____

EMAIL: _____

Significant Other/Spouse (Optional): _____

BIRTHDAY (MONTH/DAY): _____

STATES PREVIOUSLY LIVED IN (Optional): _____

How did you hear about us? (Optional): _____

MEMBERSHIP: Members are **required** to pay an annual membership to participate in any club activity or special interest group(s).

COST: \$15 or \$25 if you would like the newsletter mailed to you.

DUE BY: No later than September 30 of each year. *A \$10 fee will be imposed if dues are paid later than September 30*

PAYING: Dues may be paid at a meeting or by mail.

If paying by check, make the check payable to: Bitterroot Women Newcomers Club.

If mailing, mail to: Bitterroot Women Newcomers Club, PO Box 1184, Hamilton, MT 59840

*The Club's fiscal year is September – August. If you join between March – August, the dues are \$7.50. Add an additional \$5 if you want the newsletter mailed to you.

_____ **YES**, I would like to have the newsletter mailed to me each month.

Revised: March 2025