**THE WOMAN’S CLUB OF CHEVY CHASE  
Membership Application**

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**WCCC - *W*omen *C*aring for *C*lub and *C*ommunity**

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| **Name:** | |  | | Click or tap here to enter text. | | | | | | | | | | | | | | | | **Spouse’s Name:** | | |  | | | Click to enter text. |
| **Address:** | | |  | | Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | |
| **City/State/Zip:** | | | | | | |  | Click or tap here to enter text. | | | | | | | | | | | | | | | | | | |
| **Home Phone:** | | | | | | phone | | | | | | **Cell Phone:** | | | | phone | | | | | **Email Address:** | | Click to enter text. | | | |
| **Date of Application:** | | | | | | | | | |  | Select date. | | | | | | | | | | | | | | | |
| **Name of WCCC member who referred you if applicable:** | | | | | | | | | | | | | | | | | |  | Click or tap here to enter text. | | | | | | | |
| **Tell us about yourself:** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Pleaseat least TWO areas of interest / Member must *participate in one General Meeting annually* | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Art | | | | | | | | | Clubhouse & Grounds | | | | | | | | Fundraisers | | | | | | | | Community Services | |
| Bridge | | | | | | | | | Heritage Preservation | | | | | | | | Music Section | | | | | | | | Literature Section | |
| Scholarships | | | | | | | | | Annual Art Show | | | | | | | | Hospitality | | | | | | | | Friday Night Potluck | |
| Education | | | | | | | | | Boutique | | | | | | | | French Section | | | | | | | | International Affairs | |
| Evening Committee “Night Owls” Section | | | | | | | | | | | | | | | | | Communications | | | | | | | | Garden Section | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| [A picture containing graphical user interface  Description automatically generated](https://www.paypal.com/donate?hosted_button_id=K3XUFM5AJVP38)A member of the membership committee will contact you upon receipt of your application and your payment to the WCCC of $175. | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Name of Emergency Contact for Member:** | | | | | | | | | | | | | |  | Click or tap here to enter text. | | | | | | | | | | | |
| Home: | Enter phone | | | | | | | | | | | | Cell: | | Enter phone | | | | | | | Work: | | Enter phone | | |