

Barrington Women's Club
Membership Application
PLEASE PRINT

Date: _____

First and Last Name: _____

Address: _____

Home Phone: _____ **Cellphone:** _____ **Email:** _____

How did you learn about us? Friend ___ News Media ___ Relative ___

Other _____

Your experiences/interests (check all that apply):

Event planning ___ Organizing ___ Crafts ___ Publicity ___ Bookkeeping ___

Secretarial ___ Computer Skills ___ Bridge ___ Book Club ___

Other _____

Please Note: As the Barrington Women's Club expands its efforts to attract new members, its publicity and social media committees will gather images for promotional materials that could appear in postings, print, film, and/or online. When you become a BWC member, you are giving permission for your image and/or comments to appear.

Sponsor's Name, if applicable: _____

Applicant Signature _____

Please submit: Membership Dues: Annual, \$50, Mid-Year: \$25 with this application, payable to Barrington Women's Club, P.O. Box 274, Barrington, RI 02806