## Barrington Women's Club Membership Application

## PLEASE PRINT

| Date:  |
|--|
| First and Last Name:   |
| Address:   |
| Home Phone:Email:  |
| How did you learn about us? FriendNews MediaRelative   |
| Other  |
| Your experiences/interests (check all that apply):   |
| Event planning Organizing Crafts Publicity Bookkeeping   |
| SecretarialComputer SkillsBridgeBook Club  |
| Other  |
| <b>Please Note:</b> 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.

Mailing Address: Barrington Women's Club P.O. Box 274 Barrington, RI 02806