



WOMEN'S CIVIC CONFERENCE

WCC Affiliated Organization Membership Form

Name of Organization: _____

Address (Meeting Location): _____

City _____ State _____ Zip Code _____

President: Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Alternate Phone _____

E-Mail Address: _____

Delegate-Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Treasurer-Last Name: _____ First Name: _____

Phone: _____

E-Mail Address: _____

Payment Information:

Cash: _____

Check: _____ Check #: _____

Affiliated Organization membership dues are \$30.00 per year. This entitles your organization's president plus one delegate to attend monthly conferences/luncheons. Membership application and check made payable to WCC should be mailed to:

Mary Wilde
2300 South Brookside Pkwy.
New Berlin, WI 53151