



# 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: \_\_\_\_\_

*Please save the receipt below for your records.*

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**Please contact Mary Wilde before sending a check if you are unsure if you have already paid your membership dues.**

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

Payment Information:

Cash: \_\_\_\_\_ Check: \_\_\_\_\_ Check #: \_\_\_\_\_