



WOMEN'S CIVIC CONFERENCE

WCC Individual Membership Form

Last Name _____ First Name _____

Address _____

City _____ State _____ Zip Code _____

Primary Phone _____ Alternate Phone _____

Email Address _____

Please save the receipt below for your records.

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

Individual membership dues are \$30.00 per year for individuals and organizations.
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 #: _____

<http://womenscivicconference.com>