



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 Diane Kaminski @ 262-617-3404 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:

Diane Kaminski
302 King William Cr S.
Waukesha, WI 53186

Payment Information:

Cash: _____ Check: _____ Check #: _____