



Membership Registration Form

_____ First Name	_____ Last Name
_____ Street Address	_____ City/Zip Code
_____ Home Phone	_____ Mobile Phone
_____ Email Address	_____ Date of Birth
_____ Employed/Stay at Home Mom/Retired	_____ Full Time/Part Time
_____ Your Profession	_____ Your Employer
_____ Partner's Name	_____ Partner's Employer
_____ Child's Name	_____ Age
_____ Child's Name	_____ Age

Please share your interests and skills for our volunteer database. Please check those that apply:

- | | | |
|---|---|--|
| <input type="checkbox"/> Advertising/PR | <input type="checkbox"/> Event Planning Hospitality | <input type="checkbox"/> Graphics/Web Design |
| <input type="checkbox"/> Finance/Accounting | <input type="checkbox"/> Community Service | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Writing/Editing/Layout | <input type="checkbox"/> Photography | <input type="checkbox"/> Leadership |

How did you hear about us? Another member Internet Other: _____

Reason for joining? Networking Making Friends Volunteering
 Other: _____

Membership Dues: \$60.00 (nonrefundable)

Payment Options:

Cash Check (Check Number: _____)

E-mail: ChapinJWC@gmail.com

Date Received: _____

Facebook: Chapin Jr. Woman's Club