

SAUGATUCK WOMAN'S CLUB MEMBERSHIP FORM

DATE _____

NAME _____

LOCAL ADDRESS _____

PHONE _(_____) _____ MONTH _____ DAY _____ OF BIRTH

EMAIL _____

(Permission to publish your Email in SWC directory check here _____)

WINTER ADDRESS IF DIFFERENT _____

HOW WOULD YOU LIKE TO BECOME INVOLVED AT THE WOMAN'S CLUB?

- ___ attend programs ___ become a member of the board
- ___ plan or help with fund raisers ___ hostess at meetings (all members hostess once per year)
- ___ suggest programs ___ work on a committee

Please include a check for \$45.00. Payable to:

Saugatuck Woman's Club

P O Box 909

Saugatuck, MI 49453