



The Woman's Club of Smithfield, Inc.

MEMBERSHIP FORM

I hereby apply for membership in The Woman's Club of Smithfield, Inc.

Membership Information

Full Name: _____ Birthday: _____

Month/Day

Preferred Name: _____ Husband's Name: _____

Address: _____

Phone: _____ Cell Phone: _____

Email: _____

Biographical: (Anything the prospective member cares to share about volunteer or work experience, education, leadership, offices held, and hobbies. Please provide information on any interest, talents, special knowledge, or skills. Examples include, but are not limited to, computer or technology, accounting or bookkeeping, administration, planning events, marketing and sales, education, nursing or medical, activities for special populations, writing). _____

Applicant Signature Date: _____

Date: _____
I propose and endorse the above person as a prospective member of The Woman's Club of Smithfield, Inc.
Sponsor Signature

Date: _____
Approved by Board