



**Windsor Junior Woman's Club
Member Application**

Name: _____
First Name **Last Name**

Address: _____
Street Address

Town

Postal/Zip Code

Email Address: _____

Phone Number: _____

Cell Number: _____

Birthday: _____
Month **Day**

Are you a past member? If so, please provide years of previous entry and exit.

How did you hear about our club?

Tell us about your skills, likes, and hobbies.

Membership dues of \$40 should accompany this application. (check made out to WJWC or cash)

Send to: WJWC, P.O. Box 1068, Windsor, CT 06095

Membership Chair to complete:

Date Joined: _____ Membership Chair: _____