

Membership Application

(Mrs.) (Ms.) (Miss) (Mr.) Last Name First

Spouse's name (if applicable)

Address

City/State Zip

Telephone (Home) (Office)

E-mail Fax

Preferred Committee (select from calendar)

Signature of Applicant

Date Birthday (Month/Day only)

Referred by

Credit Card # Exp. Date

Visa/Mastercard (circle one)

**Yearly Dues Payable by June 1---\$110
All Dues and Fees Subject to Change**

**Mail completed application and check:
Winnetka Woman's Club
485 Maple Street, Winnetka, Illinois 60093
847.446.1830**