

**NOMINATION FORM FOR MEMBERSHIP-Business Affiliate**

(To be completed by candidate - PLEASE PRINT)

WOMAN'S CLUB  
of  
WISCONSIN  
MILWAUKEE



*Business Affiliate Memberships were designed for those who will primarily use the WCW For dining and entertaining clients, family & friends. Affiliates are welcome to reserve private rooms for meetings and special gatherings, and also have the privilege to participate in Club-hosted special events and activities.*

Primary Business Member Sponsor \_\_\_\_\_

Name of Nominee \_\_\_\_\_ Title: Dr. Mrs. Miss. Ms.

Maiden name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(Necessary for membership classification)

Spouse's Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Business phone \_\_\_\_\_

E-mail address \_\_\_\_\_

Occupation/Professional Status \_\_\_\_\_

Current Employer \_\_\_\_\_

Full-time \_\_\_\_\_ Part-time \_\_\_\_\_

Schools or Colleges attended \_\_\_\_\_

Other Club Affiliations \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Length of time in Milwaukee \_\_\_\_\_

Woman's Club Members with whom I am acquainted \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Community Involvement and Volunteer Participation

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why are you interested in becoming a member of the Woman's Club of Wisconsin?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Your full signature \_\_\_\_\_ Date \_\_\_\_\_

please print your name \_\_\_\_\_

Primary Business Member Sponsor signature \_\_\_\_\_

please print name \_\_\_\_\_ Date \_\_\_\_\_