

# NOMINATION FORM FOR MEMBERSHIP

(To be completed by candidate - PLEASE PRINT)

WOMAN'S CLUB  
of  
WISCONSIN  
MILWAUKEE



## Membership Category

- Active Must *legally* reside within Milwaukee, Ozaukee, Waukesha, Washington or Racine counties.
- Non-Resident Must *legally* reside outside Milwaukee, Ozaukee, Waukesha, Washington or Racine counties.
- Junior Must be between 21 and 40 years of age and *legally* resides within Milwaukee, Ozaukee, Waukesha, Washington or Racine Counties
- Primary Business Share the same fees and privileges as an Active member. Primary Business members are able to sponsor up to six affiliate members from their company.

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 \_\_\_\_\_

Relatives in the Woman's Club \_\_\_\_\_

\_\_\_\_\_

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?

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Proposer \_\_\_\_\_ Date \_\_\_\_\_

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

Endorser \_\_\_\_\_ Date \_\_\_\_\_

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

\* Proposers and Endorsers must be members of the Woman's Club of Wisconsin