



WOMAN'S CLUB  
OF WISCONSIN  
*Est. 1876*

## Three-Month Trial Membership NOMINATION FORM FOR MEMBERSHIP

*The Woman's Club of Wisconsin cultivates educational, cultural, philanthropic, and social exchange  
to inspire engagement in our greater community.*

### Membership Category

\_\_\_\_ **Three-Month** Members who are age 40 or older who wish to trial three (3) consecutive months of Club Membership.

\_\_\_\_ **Three-Month Jr.** Members between 21 and 40 years of age who wish to trial three (3) consecutive months of Club Membership.

*Membership is for three consecutive months. Written request for continuation of membership from a three-month membership to another category must be made at the end of the three-month term.*

**Please sign and date.**

Selected months for Three-Month Membership. \_\_\_\_\_

Name of nominee \_\_\_\_\_

Maiden name \_\_\_\_\_ Date of birth \_\_\_\_\_  
(necessary for membership classification)

Spouse / Partner name \_\_\_\_\_

Address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

Phone number \_\_\_\_\_ Business phone \_\_\_\_\_

Cell phone \_\_\_\_\_ Emergency phone \_\_\_\_\_

Email address \_\_\_\_\_

Occupation / Professional status \_\_\_\_\_

Current employer \_\_\_\_\_

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

Schools or colleges attended \_\_\_\_\_



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Other club affiliations \_\_\_\_\_

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

Relatives who are members of the Woman's Club of Wisconsin \_\_\_\_\_

Woman's Club of Wisconsin members with whom I am currently acquainted \_\_\_\_\_

Community involvement and volunteer participation (past and/or present)

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

Additional comments \_\_\_\_\_

Would you be interested in any of the following activities? (check all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> Area Day Trips                                 | <input type="checkbox"/> Lunch Bunch                                  |
| <input type="checkbox"/> Book Discussion Groups                         | <input type="checkbox"/> Quilting / Stitching / Knitting / Needlework |
| <input type="checkbox"/> Bridge / Mah Jongg                             | <input type="checkbox"/> Race, Equity, and Inclusion Programs         |
| <input type="checkbox"/> Community Outreach Projects                    | <input type="checkbox"/> Theater Outings                              |
| <input type="checkbox"/> Fine Art and Culture Programs                  | <input type="checkbox"/> Travel Opportunities                         |
| <input type="checkbox"/> Grant Selection Process                        | <input type="checkbox"/> Walking Tours                                |
| <input type="checkbox"/> History Study Group                            | <input type="checkbox"/> Wine and Cheese Tastings                     |
| <input type="checkbox"/> Lectures: Art / Finance / Current Events, etc. | <input type="checkbox"/> Yoga / Tai Chi                               |
| <input type="checkbox"/> Lessons: Bridge / Mah Jongg / Yoga / Tai Chi   | <input type="checkbox"/> Other Activities? _____                      |

Do you have skills that you are willing to share with the Woman's Club of Wisconsin on a volunteer basis?  
Check all that apply.

- |   |  |
|---|--|
| <input type="checkbox"/> Accounting / Finance | <input type="checkbox"/> Interior Design         |
| <input type="checkbox"/> Archiving            | <input type="checkbox"/> Legal                   |
| <input type="checkbox"/> Board Service        | <input type="checkbox"/> Marketing / Advertising |
| <input type="checkbox"/> Event Planning       | <input type="checkbox"/> Personnel / HR          |
| <input type="checkbox"/> Fund Raising         | <input type="checkbox"/> Programs                |
|   | <input type="checkbox"/> Other _____             |



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Would you like to pay dues annually\_\_\_\_\_, quarterly\_\_\_\_\_, or monthly\_\_\_\_\_?

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 in good standing.*

Revised January 2024