



WOMAN'S CLUB
OF WISCONSIN
Est. 1876

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

- ___ **Active** Members who are age 40 or older and do not qualify for another membership category.
- ___ **Business** Employees of the business entity who are designated as Business Members for the business entity.
- ___ **Non-Resident** Non-Resident Members legally reside outside Milwaukee, Ozaukee, Waukesha, Washington, or Racine counties.
- ___ **Six-Month NR** Six-Month Non-Resident Members reside outside Milwaukee, Ozaukee, Waukesha, Washington or Racine counties at least six (6) months of the year and select six (6) consecutive months that their membership will be active for each fiscal year.
- ___ **Junior** Junior Members are between 21 and 40 years of age.
- ___ **Legacy** Legacy Members are those members of at least 21 years of age and under 40 years of age who are children or grandchildren, inclusive of those relationships that arise by marriage, of a current member in good standing.

Membership is on a yearly basis. Resignations will be accepted and made effective only at the close of the fiscal year (April 30).

Requests for resignation or membership category transfer must be made at least 60 days (March 1) prior to the close of the fiscal year. Members resigning will be held responsible for all charges incurred through the end of the fiscal year. There will be no refunds for pre-paid dues, capital improvement, or initiation fees.

Please sign and date.

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 _____



Woman's Club
of Wisconsin

Email address _____

Occupation/Professional status _____

Current employer _____

Full-time _____ Part-time _____

Schools or colleges attended _____

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 _____



Woman's Club
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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 _____ |

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.*