

Lisle Woman's Club

Membership Information 2023 - 2024

Please fill out the information below and return it with your \$40 dues payment to our meeting on September 6, 2023. Please make checks payable to Lisle Womans's Club.

If you will not be at the September meeting, please mail this form with your check to Lisle Woman's Club Attn: Membership PO BOX 3886 Lisle IL 60532 by Sept 6th. Thank you!

Name: _____ (optional) Spouse's Name _____

Street: _____ City _____ Zip: _____

Home Phone: _____ Mobile Phone: _____

Email: _____ Birthday: (Mo/Day) _____

Emergency Contact and Phone #(optional) _____

Please suggest what you would like to volunteer/participate in for this upcoming year? Any special events or organizations that you would like to see the LWC get involved in? ex.Breast Cancer walk, Soldiers' Angels, etc. _____

What do you like best about the LWC? _____

What do you like to do outside of the LWC? _____

Yes, I would like to be a mentor for new members

Members are expected to participate in one fundraising or committee project each year. Your participation contributes to the success of our philanthropic efforts.

Contact me I want to help with the following LWC Committee(s)/Functions:

- | | | |
|--|--|---|
| <input type="checkbox"/> Arts & Culture | <input type="checkbox"/> Environment / Recycling | <input type="checkbox"/> Book Club |
| <input type="checkbox"/> Education & Libraries | <input type="checkbox"/> Fundraising & Development | <input type="checkbox"/> Garden Gait |
| <input type="checkbox"/> Health & Wellness | <input type="checkbox"/> Civic Engagement & Outreach | <input type="checkbox"/> Public Relations/Publicity |
| <input type="checkbox"/> Federation Rep. GFWC | <input type="checkbox"/> Voter Registration | <input type="checkbox"/> Membership |
| <input type="checkbox"/> Philanthropy | <input type="checkbox"/> Homelife -Volunteering | <input type="checkbox"/> Chick Change |

Your Image and / or voice may be shared via various media, including social media. You grant permission to publish your name, address, phone, and email in our Membership Directory.

Please initial to authorize _____