



South Brunswick Islands Woman's Club

Member Application

Name: _____
(Last) (First) (MI) (Nickname)

Address: _____
(Street) (City) (State) (Zip)

Area/Neighborhood: _____

Telephone: _____
(Home) (Work) (Cell-optional)

Email Address: _____ Birthday: _____

Husband's Name: _____ Anniversary: _____

Hobbies/Activities: _____

Areas of interest in SBIWC:

Sponsoring Club Member: _____

Co-Sponsoring Member (if applicable): _____

Membership in an organization comes with obligations and responsibilities. Each applicant should read and understand the by-laws that serve as a contract between the member and organization.

Club Use Only:

Approval Date: _____ Effective Date: _____ Member#: _____

Comments: _____
