



MEMBERSHIP APPLICATION LEXINGTON WOMAN'S CLUB



Date: _____

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

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

Phone: _____
(Home) (Cell) (Work)

Email: _____

Occupation (current or pre-retirement): _____

Spouse's Name/Occupation (if married): _____

Children's Names and Ages: _____

Length of Residence in Lexington Area: _____

College/Schools Attended: _____

Are You Currently a Member of Another GFWC (General Federation of Women's Clubs) club? Yes No
If Yes, which one(s)? _____

Volunteer Experience with Other Organizations in which you are involved (and offices held, if any): _____

Interests and Areas of Expertise: _____

How Can You Contribute Your Knowledge and Skills to LWC? _____

How did you learn about Lexington Woman's Club? _____

Other Remarks: _____

Signature of Applicant	Signature of LWC Member Sponsor: Date:
------------------------	---

(Note - Please provide a headshot photograph for our yearbook, if you have one handy.)
 Thank you for your interest in Lexington Woman's Club! Completed applications may be submitted to: Lexington Woman's Club, 120 Edgemoor Drive, Lexington, KY 40503, or via email to: brhill120@gmail.com. For more information about our club, visit our website, www.lwckentucky.org, or our Facebook Page, "Lexington Woman's Club KY." We look forward to hearing from you.