

WOMEN'S CLUB OF EAST GRANBY

MEMBERSHIP REGISTRATION FORM FOR 2014-2015

NAME: _____

HOME ADDRESS: _____

HOME PHONE: _____

CELL PHONE: _____

EMAIL: _____

BIRTHDAY (MONTH/DAY) : ____/____

ARE YOU A RETURNING MEMBER? (PLEASE CIRCLE ONE) **YES** OR **NO**

IF YES, HOW LONG HAVE YOU BEEN A MEMBER? _____

AREAS OF INTEREST (CHECK ALL THAT APPLY):

____ 5K ____ EMPTY BOWLS ____ SENIOR LUNCH ____ WINTER
WONDERLAND

____ SOCIAL ACTIVITES ____ FUNDRAISING COMMITTEE

IF YOU HAVE QUESTIONS ABOUT BECOMING A MEMBER OF WCEG PLEASE CONTACT:

RENEE KOWAL (860-202-3155) OR PAT BOUWER (860-214-5909).

****PLEASE MAIL THIS FORM ALONG WITH THE \$30 ANNUAL MEMBERSHIP DUES TO
WCEG, P.O. BOX 30, EAST GRANBY, CT 06026., OR YOU CAN BRING IT OUR NEXT
MEETING.**