

**MEMBERSHIP REQUEST FORM
FOR
THE WOMAN'S CLUB OF GADSDEN**

DATE: MONTH/DAY/YEAR _____

NAME: FIRST/LAST _____

ADDRESS: STREET/CITY/ZIP _____

EMAIL _____

PHONES: HOME/CELL _____

BIRTHDAY: MONTH/DAY _____

EMPLOYER _____

Please email this form to your Woman's Club sponsor member. For any information or questions, please contact your sponsor member.

THE FOLLOWING INFORMATION WILL BE COMPLETED BY WOMAN'S CLUB SPONSORING MEMBER:

NOMINEE'S WOMAN'S CLUB SPONSOR MEMBERS:

NAME 1: _____

NAME 2: _____

COMMENTS: _____
