

IWCNE MEMBER INFORMATION SHEET

FOR NEW MEMBERSHIP OR RENEWAL, COMPLETE THIS FORM.

DATE OF APPLICATION: _____

NAME: _____

SPOUSE OR SIGNIFICANT OTHER: _____

MAILING ADDRESS: _____

ALTERNATE ADDRESS: _____

HOME PHONE WITH AREA CODE: _____

CELL PHONE WITH AREA CODE: _____

EMAIL ADDRESS, print clearly _____

COUNTRIES OF CLOSE ASSOCIATION:

LANGUAGES SPOKEN:

BIRTH MONTH: _____ DAY: _____

Please indicate if you are interested in learning more about the following: (Being a member of one or more of the interest groups is a wonderful way to meet members you might not otherwise see on a regular basis).

BOOK CLUB _____ WORLD CINEMA _____ FRENCH CLUB _____

TRIPS/ACTIVITIES _____ CHORAL SINGING/INSTRUMENTAL MUSIC _____

Your help is invaluable and is the only way we can continue to provide quality programs, increase our membership and raise funds to support our charities which benefit women and children.

Serving in a leadership capacity as chair of a project or program

Member of Fund Raising and Charity Selection Committee

PLEASE RETURN FORM AND YOUR CHECK MADE OUT TO IWCNE FOR \$40.00 TO:

IWCNE MEMBERSHIP, PO Box 351, Cape Neddick, ME 03902