

WOMAN'S CLUB OF PARAMUS
MEMBERSHIP APPLICATION

Date _____

Applicant's Full Name _____

Address _____

Town _____ Zip _____

Home Phone _____ Cell Phone _____

Email _____

Sponsor's Name _____ Phone _____

Please check departments in which you might be interested in joining:

Arts-Creative ___ Arts-Performing-Music ___ Arts- Literature/Education ___

Conservation & Garden ___ Home Life/Social Services ___

Signature of Applicant _____

Please return this application and a check for the amount of \$50.00
made payable to "The Woman's Club of Paramus"

Mail to:

The Woman's Club of Paramus
W-65 Ridgewood Ave
Paramus NJ 07652

You will be contacted shortly by our Membership Chairperson