



Bedford Women's Club Membership Form

Last Name: _____	First Name: _____
Spouses Name _____	Email: _____
Street Address: _____	City/State/Zip: _____
Home Phone: _____	Mobile Phone: _____
BirthDay (Month/Day): _____	

Type of Membership

Select one: <input type="checkbox"/> New <input type="checkbox"/> Renew <i>(\$10 late fee if paid after 5/31)</i>	Select one: <input type="checkbox"/> Active: \$50 dues <i>(June 1-May 31)</i> <input type="checkbox"/> Non-Resident: \$25 dues <i>(written request, members only moving 50+ miles away)</i> <input type="checkbox"/> Life: No dues <i>(written request, 10+ years & 75+ years old, donations accepted)</i> <input type="checkbox"/> Past-President: \$50 dues <i>(exempt prior 2011, donations accepted)</i>
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Monthly Luncheon (required)

Monthly Luncheon Duty: Active Members & Past Presidents must serve at one monthly luncheon per year <i>(PP exempt prior 2011)</i>	Select <u>First</u> Choice: <input type="checkbox"/> Sept. <input type="checkbox"/> Oct. <input type="checkbox"/> Nov. <input type="checkbox"/> Jan. <input type="checkbox"/> Feb. <input type="checkbox"/> Mar. <input type="checkbox"/> Apr.	Select <u>Second</u> Choice: <input type="checkbox"/> Sept. <input type="checkbox"/> Oct. <input type="checkbox"/> Nov. <input type="checkbox"/> Jan. <input type="checkbox"/> Feb. <input type="checkbox"/> Mar. <input type="checkbox"/> Apr.
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Monthly Luncheon Chair: Each luncheon has one assigned chairperson responsible for heading the luncheon	Would you chair a luncheon? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Membership Committees (optional)

Please check any committee you would like to participate in:

Standing Committees: <input type="checkbox"/> Finance Committee <i>(Investment)</i> <input type="checkbox"/> Membership Committee <input type="checkbox"/> Program Committee <input type="checkbox"/> Public Relations Committee <i>(Publicity)</i> <input type="checkbox"/> Scholarship Committee <input type="checkbox"/> Ways & Means Committee <i>(Fundraising)</i>	Special Committees: <input type="checkbox"/> Calling Committee <input type="checkbox"/> Greeters Committee <input type="checkbox"/> Holly Luncheon Committee <input type="checkbox"/> Time and Talent Committee <input type="checkbox"/> Transportation Committee <input type="checkbox"/> Yearbook Committee	<input type="checkbox"/> Website Committee <input type="checkbox"/> Whale of a Sale (not every year) <input type="checkbox"/> Monthly Charitable Committee: Suggested charity: _____ <i>(Note: With your suggestion, you will chair that month's donation)</i>
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Interest Groups (optional)

Please check any interest groups you would like to participate in:

<input type="checkbox"/> Book Group (Bo) <input type="checkbox"/> Bridge (Br) *waitlist <input type="checkbox"/> Bridge sub (BrS) <input type="checkbox"/> Bunco (Bu) <input type="checkbox"/> Canasta (Ca) <input type="checkbox"/> Couples Brunch (CB)	<input type="checkbox"/> Couples Dinner (CD) <input type="checkbox"/> Cooking w/Friends (Co) *waitlist <input type="checkbox"/> Cooking w/Friends 2 (Co2) <input type="checkbox"/> Culture/Fun Events (Cu) <input type="checkbox"/> Genealogy (Ge) <input type="checkbox"/> Golf (G)	<input type="checkbox"/> Hiking (H) <input type="checkbox"/> Knitting/Crocheting (KC) <input type="checkbox"/> Lunch Out (L) <input type="checkbox"/> Mah Jongg (Mj) <input type="checkbox"/> Not 9-5 (N9-5) <input type="checkbox"/> Poker (Po)	<input type="checkbox"/> Rummikub (Ru) <input type="checkbox"/> Scrabble (Sc) <input type="checkbox"/> Snowshoeing (Sn) <input type="checkbox"/> Tennis (T) <input type="checkbox"/> Walking (Wk) <input type="checkbox"/> Other: _____
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Please mail completed form and payment to:	Bedford Women's Club / Membership Committee PO Box 10015 Bedford, NH 03110
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Membership Committee Use (Please Do Not Fill-In)

Date Received:	Check #:	Amt. Paid:	
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