

**Woman's Club of St. Matthews**  
Membership Application

Name \_\_\_\_\_

Address \_\_\_\_\_ ZIP \_\_\_\_\_

Phone Number (\_\_\_\_\_) \_\_\_\_\_ Cell Number (\_\_\_\_\_) \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Birth Month / Day \_\_\_\_ / \_\_\_\_

How did you hear about us?

Club Member, Club Website, Newsletter, Other \_\_\_\_\_

**TELL US ABOUT YOU.**

Occupation Past or Present:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Community Interests:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Personal Interests:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional Information YOU would like to share

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WCSM is a Federated Club, an as a member of WCSM you also will be a member of the International organization, General Federation of Woman’s Clubs ( GFWC) www.GFWC.org

WCSM Federated Committees are as follows, please share any history or interest you may have in these subjects.

Federated Committee	History and/or Interest
Arts & Culture	
Civic Engagement & Outreach	
Education & Libraries	
Environment	
Health & Wellness	

If you were asked to share your knowledge with a friend on any subject(s), what would it be?

(1)\_\_\_\_\_ (2)\_\_\_\_\_ (3)\_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**Remit Application to:** Woman’s Club of St. Matthews, Attn: Membership  
P.O. Box 7406. Louisville, Ky. 40257-0406

**Yearly Due:** \$ 35.00 To be submitted at time of application

**Administration Only**

\_\_\_\_\_  
WCSM President

\_\_\_\_\_  
Membership Chairman

\_\_\_\_\_  
Date Accepted with \$35 Paid Dues