

WOMEN'S CLUB OF WESTON

MEMBERSHIP FORM 2024-2025

Dues: \$50.00 for club year 7/1/24 – 6/30/25

Circle one: New Member..... or..... Returning Member

Name _____

Last

First

Spouse's Name

Address _____

Telephone _____ Cell Phone _____

Email Address _____

**Return completed form with \$50 check payable to W.C.W. Inc. and mail to Judy Stripp,
WCW, 4 Scatacook Trail, Weston, CT 06883**

**To ensure inclusion in our yearbook we must have your membership form before
9/15/24**

Please indicate which activities are of interest to you:

_____ **Book Discussion** _____ **Wine Tasting** _____ **Pot Luck Dinners**

_____ **Garden Club** _____ **Ladies Lunch Out**

_____ **Movie Group** _____ **Bridge** _____ **Stitching**

_____ **Volunteers** _____ **Day Trips**

Suggestions for new activity groups: _____

Questions about Activities, contact Judy Stripp at 203-227-8917

Social Events:

Would you be willing to host a social for 25-40 people in your home? _____ **Yes** _____ **No**

Would you be willing to host a smaller group up to 25 people? _____ **Yes** _____ **No**

Would you be interested in serving on the Board? _____ **Yes** _____ **No**