

Date: _____

IWCP
INTERNATIONAL WOMEN'S CLUB OF PHILADELPHIA
MEMBERSHIP APPLICATION

PERSONAL PROFILE:

Name: _____ Partner's name: _____

Address: _____

Telephone number: _____ E-mail: _____

Cell Phone: _____

Country of Birth: _____ Birth Date: _____
Month Day (optional)

Countries Lived In: _____ If US born, how long lived abroad (years)? _____

Name of Two Sponsoring IWCP Members: _____

How did you find out about the IWCP?: _____

On the reverse side please indicate your reason for joining the IWCP and also list your hobbies and interests.

IWCP ACTIVITIES:

Please indicate, with a check mark, activities you would like to participate in.

Daytime Activities:

Visit to museums _____	German/Dutch Speakers coffee _____
Horticultural sites _____	Spanish Speakers coffee _____
Architectural Tours _____	French Speakers coffee _____
Hiking _____	Italian Speakers coffee _____
Tennis _____	Pot-luck luncheons (with speaker*) _____
Other _____	

* What topics would you like speakers to cover? Please indicate on reverse side.

Evening and Other Activities:

Book Discussions _____	Performing Arts (music, theater, dance) _____
Lectures _____	Dinner dances _____
Other: _____	

Please indicate the Board Activities in which you would like to help:

Directory _____	Membership _____
Newsletter _____	Secretary _____
Public Relations _____	Charity _____
Treasurer _____	Hospitality _____
Activities Coordinator _____	

Would you be interested in organizing an event? Y / N

Would you be interested in hosting a function? Y / N

Kindly return this application with your check for \$45 payable to IWCP.

Suggested donation to The Home of the Sparrow (our elected charity) \$10 _____

other amount: \$ _____

Mail to: Ingrid Brown, 8408 Hull Drive, Wyndmoor, PA 19038-7516, +1-215-233-5511,

E-mail: ingridbrown58@gmail.com

Membership is subject to approval by the IWCP Board. Upon approval we will deposit your check.

**** Membership privileges include complimentary events.**