



APPLICATION FOR MEMBERSHIP

Name: _____
Last First Initial Maiden

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone No.: Home: _____ Work: _____

e-mail: _____

Canadian Connection (birthplace or other): _____

Spouse's Name: _____ Your Birth Month: _____

Would you like your newsletter sent by e-mail? _____ Yes, please _____ No, thank you

WOULD YOU BE INTERESTED IN SERVING ON A COMMITTEE? Yes _____ Not Now _____

If yes, which one? _____ Charitable Fund _____ Finance _____ Canada Day Celebration _____ Hospitality

_____ Membership _____ Newsletter _____ Outreach _____ Program _____ Telephone

Other _____

WHAT TYPE OF PROGRAMS WOULD INTEREST YOU?

_____ Art _____ Book Club _____ Business _____ Canadian Related Topics _____ Cooking

_____ Daytime Activities _____ Decorating _____ Fashion _____ Finance _____ International Affairs

_____ Investing _____ Music _____ Science and Medicine _____ Sports _____ Theatre

Other _____

COMMENTS ABOUT PROGRAMS THIS PAST YEAR _____

ANNUAL MEMBERSHIP DUES: \$50.

PLEASE MAKE CHECK PAYABLE TO: CANADIAN WOMEN'S CLUB OF BOSTON, INC.

AND MAIL TO: c/o Eun Ju Chan, 629 Hammond St., W-PH2, Chestnut Hill, MA 02467