Canton Woman's Club Membership Application

Yes! I'd like to become a member!	My Contact Information
Here's how! Fill out this form and	Phone (Landline)
□ Email it to <u>cwcoffice1920@gmail.com</u>	Phone (Mobile)
 Bring it to the Club in person Office Hours 10-2 M-F 	Thome (Woone)
☐ Mail it to:	E-mail
Canton Woman's Club 822 Market Avenue N. Canton, OH 44702	My Interests & Hobbies:
Please PRINT:	
First Name	
Last Name	
Birthday: MM/DD	SECTION I WISH TO JOIN: Select one for Installment Purposes. You may attend meetings of either Section.
Occupation:	□ DAY SECTION
	□ EVENING SECTION
Husband's Name:	\square \$30 credit, cash, or check (made out to
Mailing Address	"Canton Woman's Club") for processing this application and receiving 5 shares of CWC stock.
Street	CWC's fiscal year is July 1 - June 30. The Annual Membership Dues invoice of \$280 will be sent to you, prorated to the date of this application.
City	
State Zip + 4	Signature
	Date