## APPLICATION FOR MEMBERSHIP CANTON WOMAN'S CLUB 822 Market Avenue North, Canton, Ohio 44702 330.453.4802

Applicant's Name	
Address	
City	Zip
Applicant's Occupation	
Birthdate	Age
Husband's Name	
Home Phone Ce	ll Phone
E-mail	
Special Interests:	
Choose the Section you wish to join: Day Section is the original Woman's Clui provide a Clubhouse for women. Day Se and fourth Thursday. The program begins	<b>U</b>
<b>Evening Section</b> was founded in 1987 to who were employed and could not attend once a month on the third Monday. A so served at 6:30 followed by the program.	<b>č</b>
Your name will be included in the Membership Roster for tattend meetings and programs for both Sections.	he Section you marked; however, you may
Please register my stock as follows:	
Signature of Applicant	
Please enclose a check for \$30 made payable to the Cant Initiation Fee of \$25 and the Canton Woman's Club Sto	ck fee of \$5.
For Club Use	
Date & Check # for Initiation Fee (\$25) and Stock Fee (\$5)	

Date presented to Corporate Bd. \_\_\_\_\_ Membership Chair Signature\_\_\_\_\_

Date & Check # when dues were paid \_\_\_\_\_\_ Stock Certificate #\_\_\_\_\_