

Nisswa Women's Club

Membership Form

Date: _____

Name: _____

Address: _____

Phone: _____ Cell: _____

Email Address: _____

Preferred method of contact: Email _____ Home Phone _____ Cell _____ Text Y/N

Alternate Address/Phone: _____

Birthdate: ____/____/____ Referred by: _____
M D

Food Allergies: _____

Special Interests/hobbies: _____

Skills you can share:

Accounting
Computer skills
Event Planning
Fundraising
Writing

Graphic Arts
Leadership
Marketing
Organization
Other _____

Photography
Public Relations
Social Media
Videography

Volunteer Opportunities - Committees, social groups and fundraisers:

Decorating
Member Services
Programs

Restaurant
Scholarships
Smalls Group

Scholarship Fundraiser
Communication

Please send this completed form with your check for \$50.00 to:
Nisswa Women's Club P. O. Box 362 Nisswa, MN 56468

Future dues must be paid by November 1st to be included in the annual directory.