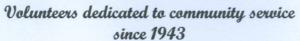


## Sterling Women's Club





## APPLICATION FOR MEMBERSHIP

	DATE:/
NAME:	
ADDRESS: _	
_	
_	
PHONE:	
EMAIL:	
BIRTHDAY: N	Month: Day:
How would yo	u most prefer to be contacted? Phone: Email:
Have you been	n part of any clubs or organizations, etc.?
What topics/ar	reas of interest would you like to see at our meetings?
-	
PAID: \$	

Annual Dues are \$30.00 Please make check payable to the Sterling Women's Club, P. O. Box 1055, Sterling, MA 01564



