

St. Andrews Woman's Club Application for Membership

Application Date: _____

Name: _____

Address: _____

Telephone: (H) _____ (W) _____ (C) _____

Birthday: _____

E-mail address: _____

Occupation:

Education:

Church Affiliation:

Special Talents, Hobbies & Interests:

Club & Organizations (Include positions held, honors, volunteer work, etc...):

Spouse's Name: _____ Occupation: _____

Spouse's Organizations & Special Interest: _____

Children's Name & Ages: _____

If interested in joining the St. Andrew's Woman's Club, please email Second Vice President at membership@sawc-sc.org for more information.