



PRCW

Park Ridge Community Women

Date Paid _____
Cash/Check _____

2017-2018 Membership Application

Membership runs from May 1 to April 30

Please check the appropriate box

Membership Renewal

New Member

Date: _____

Contact/Personal Information

Name: _____

Address: _____

Telephone: (Home) _____ (Mobile) _____

E-mail: _____

Birthday (month & day only; birthdays recognized in the monthly newsletter): _____

Areas of Interest (Please check off the areas of interest to you)

Monthly Meetings

Philanthropy / Fundraising

Activities for Couples

Activities for Families

Other, please specify: _____

Other

If new member, how did you hear about PRCW? _____

Comments/Questions: _____

Mail application with annual dues (\$35.00)* to:

Park Ridge Community Women
P.O. Box 193
Park Ridge, IL 60068

**Make check payable to: Park Ridge Community Women*

Questions? Please email parkridgecommunitywomen@gmail.com