



125 YEARS

Chautauqua Women's Club

Chautauqua Women's Club 2015 Membership Form

_____ Annual Membership \$25 Paid by Check# _____

_____ Life Membership \$300 Paid Cash _____

_____ Life Sustaining Membership \$15 Annual Minimum Donation

NAME: _____

Spouse's/ Partner's Name: _____

Birth Year: _____

PLEASE COMPLETE ALL CONTACT INFORMATION: *Required for Yearbook

*Off Season Contact Information

Address _____

City _____ State _____

Zip _____ Phone _____

Cell Phone _____

*Chautauqua Contact Information

Street _____ PO Box _____

CHQ Phone _____ Email _____

Cell Phone _____

I would be willing to help during the season. Please contact me about:

Membership _____ Hospitality _____ Program Comm. _____

Friends Group _____ Flea Boutique _____ Morning Coffee _____

Special Events _____

Make Checks for Membership payable to CWC

Send this form and your check to:

Chautauqua Women's Club

PO Box R

Chautauqua, NY 14722

Membership information received prior to December 31, 2015 will be included in the 2016 CWC Yearbook