



Chautauqua Women's Club

Membership Form

Annual Membership \$25 ___ **-OR-** Life Membership (one time) \$200 ___
-OR-

Life Sustaining Membership \$200 (one time),
then \$15 optional, Annually ___

NAME _____

Please check this box if your contact information
is the same as last year.

Spouse's/Partner's Name _____

Off Season Contact Information

Address _____

City _____

State _____ Zip Code _____

Phone _____

Chautauqua Contact Information

Chaut Street _____

Chaut PO Box _____

Chaut Phone _____

E-MAIL ADDRESS _____

I would like to **help** with these CWC Events:

Strawberry Festival _____ Hospitality _____

Membership Comm _____

Scholarship/Student Recitals _____

Antique Show/Sale _____ Program Comm _____

Young Women's Group _____

Flea Market _____ Flea Boutique _____

Make checks for Membership payable to CWC.

Send this Form and your Check to:

Chautauqua Women's Club

PO Box R

Chautauqua, NY 14722