



SENECA WOMAN'S CLUB MEMBERSHIP FORM - NEW MEMBERS

Checks should be made payable to the Seneca Woman's Club.

Mail Form and Check to the Membership Chair: Nancy L. Walker, P.O. Box 1833, Seneca, SC 29679

MEMBERSHIP DUES:	\$25.00
Optional Tax Deductible contribution to the Foundation:	\$ _____
Optional Tax Deductible contribution to operating expenses:	\$ _____
Optional Tax Deductible contribution to annual scholarships:	\$ _____

If any of the three optional items above equal the three listed below, you will be listed in our directory with the matching designation:

Patron: \$750 may be paid over a two year period.
 Founder: \$500
 Donor: \$250

Total Enclosed \$ _____

Name _____ Optional: Birthday Day/Month _____

Address _____ Zip _____

E-mail address: _____

Home Phone: _____ Cell phone: _____

Once accepted, you will be a Member at Large of the Seneca Woman's Club. Do you have a SWC sponsor?
 If yes, please include their name. _____

Place an X by at least one Volunteer Preference. The SWC encourages and needs your involvement!

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|-------------------------------------|--|
| A. House decorating _____ | E. Birthday Cakes for United Way _____ |
| B. Gardening workdays _____ | F. Ways and Means _____ |
| C. Kitchen duty during events _____ | G. Help with Fundraisers _____ |
| D. Prepare food for events _____ | H. House sit during hours open to the public _____ |

Please X your areas of interest or write your special skills or interests:

Computer Experience/Skills _____ Finance _____ Grants _____ Event Promotions _____

Publicity _____ Obtaining Sponsors _____ Web Site management experience _____

Other _____