



Today's Date: _____

The Woman's Club of Roland Park Membership Application

Miss/Ms/Mrs/Dr: _____ Nickname: _____

Address: _____

City: _____ State: _____ ZIP: _____

Home phone: (_____) _____ Cell phone: (_____) _____

Email: _____

Emergency contact name: _____ phone: (_____) _____

Membership status: New ___ or Former ___ (Dates of membership _____)

How did you hear about TWCRP? _____

Candidate Background

Education and Career: _____

Civic and Community Activities: _____

Interests, Hobbies and Skills: _____

Why are you interested in being a member? ___ Educational Programs ___ Community Service ___ Culture ___ Social

Comments: _____

Please indicate which club activities interest you.

- | | | |
|--|--|--|
| <input type="checkbox"/> Archives/Club History | <input type="checkbox"/> Flower Arranging | <input type="checkbox"/> Mah Jongg |
| <input type="checkbox"/> Book Club | <input type="checkbox"/> Garden Club | <input type="checkbox"/> Movie Matinee Group |
| <input type="checkbox"/> Bridge | <input type="checkbox"/> Great Decisions (global | <input type="checkbox"/> Needlework Group |
| <input type="checkbox"/> Community Outreach | affairs discussion) | <input type="checkbox"/> Photography |
| <input type="checkbox"/> Current Affairs | <input type="checkbox"/> Happy Hours/Parties | <input type="checkbox"/> Thursday Programs |
| <input type="checkbox"/> Evening Activities | <input type="checkbox"/> Hospitality | <input type="checkbox"/> Trips/Outings |

Other: _____

Get involved! Share your talents! Make new friends!

Please let us know about skills and experience that you can share.

- | | | |
|--|---|---|
| <input type="checkbox"/> Accounting/Finance | <input type="checkbox"/> Contracts/Legal | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Communication/Website | <input type="checkbox"/> Decorating/Flowers | <input type="checkbox"/> Hospitality/Event planning |

Your Proposer (A current member) 1. _____
(A short letter of recommendation is needed)

Your Endorser (A current member) 2. _____

**Save/print this document as a PDF, then email the PDF to TWCRP@comcast.net
or print and mail the completed form to: TWCRP, 4500 Roland Ave, Baltimore, MD 21210**