



American Women's Club of Montreal

P.O. Box 50, Victoria Station, Montreal, Quebec H3Z 2V4

www.awcmontreal.com

New Membership Application

CONFIDENTIAL

The objectives of the American Women's Club of Montreal are to create a center for American women in Montreal, to promote international friendship and to support civic projects for the betterment of the community.

Date : _____

Name: Miss, Ms., Mrs. _____

Spouse's Name: _____

Address: _____

Telephone: (home) _____ (cell) _____ (work) _____

(fax) _____ **Email:** _____

Maiden Name: _____ Home State: _____

Optional:

Date of Birth: Month _____ Day _____

Profession: _____ Children name & age _____

How long have you been in Montreal: _____

How did you learn about the club: _____

Would you be interested to serve on the Board, committee, group ? YES _____ NO _____

If yes, which one(s)? _____

Do you have any skills, talents, or interests you would like to share with the club (fund-raising, accounting, computers)? _____

Do you wish to receive club notices via email? YES _____ NO _____

Type of Membership (please check one):

Active Member: _____

Must be a USA citizen. Proof of citizenship must be submitted with your application.

Associate Member: _____

All women who are foreign-born daughters of members in good standing, wives of US citizens, or who have previously belonged to the AWC abroad are eligible. Proof of Association must be submitted with your application.

Junior Member: _____

All young women from 16 to 20 years of age having the same qualifications as active members. These members shall have no voting privileges. They must pay the initiation fee but not annual dues

Initiation fee: \$25.00

Annual dues: \$45.00

Total due: \$70.00

*I understand that solicitation of members for purposes outside of Club activities is strictly prohibited.

Members elected after January 1st may be admitted on payment of the initiation fee only.

They will not have voting privileges, however, until payment of the annual dues March 1st.

The specified initiation fee shall accompany each application for Active, Associate, and Junior membership.

These fees shall be refunded in full if the applicant is not elected to membership

Signature: _____ **Date:** _____

Please return this application with **proof of citizenship**, and your check made payable to the:
American Women's Club of Montreal, Attn.: Membership chair

 awcmtl@awcmontreal.com

Date Accepted: _____