

Acceptance Date:

Application Date:				
Member	ship A	pplicati	<u>on</u>	
SMWL Sponsor				
Applicant's Name				
Street Address				
City, State & Zip Code				
Home	_ Work			
Cell	Fax _			
Email	_ Birth	Date		
I have attended three SMWL fund	ctions:	Yes	No	
I am interested in:				
 Hosting an event Speaking at one of our business me Serving on a committee Service Committee Fundraising Committee Program/Social Committee Membership Committee Care Committee Sharing skills in my area of experti Planning a special club event Other 	se			
	(Rev 02-10-20	<u>))</u>		

Please email completed form to: Southern
Maryland Women's League
E-mail: helenheier2@comcast.net