



Membership Application Form GFWC Billings Junior Woman's Club

Name _____ Date _____

Husband's Name _____

Address _____

City _____ State _____ Zip _____

Email _____ Phone Number _____

DOB _____ Family Statistics _____

Profession _____

Hobbies _____

Reason for interest in BJWC

Committees and Programs

(Circle those that interest you.)

Arts	Conservation	Education	Home Life
International Affairs	Public Affairs	Fundraising	Advocates for Children
School Medical	Membership	Leadership	Domestic Violence
Communication/PR	Legislative Public Policy	Women's History Resource Center	