



Killingworth Women's Organization/GFWC Inc. Membership Questionnaire

Name: _____ Today's Date _____

Date Joined KWO: _____ Birthday: _____ Birthplace _____

Address _____

Home Phone _____ Cell Phone _____

E-mail Address: _____

Occupation _____

Hobbies _____

Interests _____

Talents _____

Children _____

Spouse _____

Any other info you'd like to share? _____

Are you a member of another civic organization? _____

What group(s)? _____

What KWO Subcommittees are of interest to you?

Greg Bousquet Toy Drive _____ Eddy Shelter _____ Relay for Life _____

Halloween Happenings _____ Scholarship _____ Socials _____

Fundraising _____ Wine Tasting Event _____ Holiday Lights _____

Hospitality _____ Crime Watch _____ PR _____ Sunshine _____

Other Event of Interest to You _____

I desire to become a member of the KWO/GFWC and hereby promise, when admitted to membership, to uphold the philanthropic mission on which this organization was founded. I have read and understand the KWO bylaws and will abide by them.

Signature: _____ Date: _____

Annual dues (June 1st-May 31st) are **\$35** payable to **KWO**.
Anyone joining after January 1st shall pay **\$20** prorated dues until June 1st.
Please return to: Michele Early, 15 Victoria Drive, Killingworth, CT 06419
or email to : Michele@MicheleEarly.com