

INTERNATIONAL WOMEN'S CLUB
PO Box 2117, St. Johns', Antigua
MEMBERSHIP APPLICATION

All information is optional.
The Newsletter will be sent by email. Hard copies will be mailed upon request.
You will be part of our Disaster Preparedness system and Blood Donor Program.

NAME: _____ Spouse/significant other

Email address: _____

BIRTHDAY: month _____ day _____

Blood Type: _____ CAN YOU DONATE _____

TELEPHONE: home _____ cell _____

Antigua Mailing Address: _____

Locale/Area of residence/Village: _____

Nationality: _____

Overseas Address: _____

Overseas Contact – name: _____ relationship: _____

Overseas phone numbers: _____

Are you a permanent resident? _____ How many years? _____

Are you a seasonal resident? _____ Months in Antigua? _____

Are you interested in: Book Club _____ Lunch Bunch _____

Starting an interest group _____

Holding an office/Being on the Board _____

Do you have special skills or hobbies you would be interested in sharing with the club? _____

ADDITIONAL COMMENTS: _____

Membership dues are annual and are due in January. New members joining after July 1ST will pay half the dues
Membership dues are EC\$50 or US\$20 annually.
Membership secretary; membership@iwcantiguabarbuda.org