

**Women's Club of Pittsford**  
**2021-2022 Membership Form: \_\_\_ New Member \_\_\_ Renewal**

The Women's Club of Pittsford is a non-profit volunteer organization.  
**ANNUAL DUES ARE \$40. Please pay by September 15.**  
**Please remit this form along with your check, made payable to WCOP to:**

Women's Club of Pittsford  
 Attn: Membership  
 PO Box 208  
 Pittsford, NY 14534

Name: \_\_\_\_\_ Spouse/Partner Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Town: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_ Text Messaging: \_\_\_ Yes \_\_\_ No  
 Email: \_\_\_\_\_ Birthday (MM/DD): \_\_\_\_\_  
 Year Joined (from Directory) \_\_\_\_\_ Previous Years of Membership: \_\_\_\_\_

I am away for at least four weeks during the month(s) of \_\_\_\_\_.

*In order to ensure the Club's success, **we need the help of every member** in addition to the membership requirements stated in the Bylaws. Every member of the Club is **required** to participate in **at least**: ONE Club-sponsored service project and ONE Club-sponsored fund-raiser!*

**Member Participation**

Projects and events may be modified.  
 The website and newsletter will have the details about our current events.

Please check all in which you are interested, and the Committee Chairperson will contact you.

<b><u>Fund-Raisers:</u></b>	<b><u>Service Projects:</u></b>	<b><u>Social Activities</u></b>
_____ St Pauly's Collection Shed (All Year)	_____ Coats for Kids	_____ Bunco
_____ Make-it Bake-it Party (December)	_____ St Joseph's Neighborhood Center	_____ Bridge
_____ Annual Garage Sale	_____ Pittsford Senior Citizens Events	_____ Book Club
_____ TBD	_____ Canal Clean Sweep (April)	_____ Knitting
		_____ Distribution
		_____ Mahjong

I have the following computer skills that may help WCOP on various committees:  
 Excel  Word  Publisher  Adobe Acrobat  Web Design Other \_\_\_\_\_

I would like to be considered for  a **LEAD** role or  a **MEMBER** role on one or more of these committees:  
 Activities  Endowment  Fundraising  Garage Sale  Hospitality  Membership  
 Publicity  Service  St. Pauly's Shed Other \_\_\_\_\_

Other Suggestions/Comments: \_\_\_\_\_

<b>Membership Contact Information:</b> Laura DeRoin 585-953-9530 and Carol Sammann 585-248-0977
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Check # \_\_\_\_\_ Check Date: \_\_\_\_\_ \$ Amount: \_\_\_\_\_