



MEMBERSHIP FORM

ACTIVE MEMBER

Supports the ideals and activities of the Bexley Women's Club with regular involvement and participation.

\$40

*Name _____ *Phone _____

*Street Address _____

*City _____ State _____ Zip _____

*Email Address _____ *required

Areas of Interest (Circle all that apply)

House & Garden Planning

Membership

Scholastic

Community

Social Service

Officer/Board Position

Please return form and check to

**Bexley Women's Club
Attention: Membership
P.O. Box 09023
Columbus, Ohio 43209**

Payment may be made by visiting our web page: www.bexleywomen.org and clicking on Donate