



Sippican Woman's Club  
152 Front Street  
P.O. Box 121  
Marion, MA 02738  
SWC.Marion@gmail.com

## MEMBERSHIP APPLICATION

Name: \_\_\_\_\_

Street: \_\_\_\_\_

Mailing Address (If Different): \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

What are your special interests or talents (How would you like to be involved?)

- ☐ Organizing and Planning
- ☐ Marketing, Website Development, Publicity, Social Media
- ☐ Member of a Committee
- ☐ Decorating
- ☐ Fundraising
- ☐ Gardening
- ☐ Educational Day-Trips
- ☐ Other ideas/areas

Mail application with your information along with a check for \$35 payable to:

Sippican Woman's Club

SWC Treasurer

P.O. Box 121 Marion, MA  
02738

*Your membership is ensured only after receipt of dues by the Club. Thank you.*