

THE WELLESLEY COLLEGE CLUB



**Membership Application**

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

Address: \_\_\_\_\_

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

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

Telephone #: \_\_\_\_\_

What type of annual membership would you like? Circle your choice below.

Students	Alumnae	Social/Community & Partners	Corporate
WC Seniors Free	\$150	\$300	\$750

Are you a student or alumnae? If so, what year will you/did you graduate? \_\_\_\_\_

Have you been a member of The Club previously? \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_