MEMBERSHIP/DONATION APPLICATION
The Belmont Woman’s Club
Post Office Box 447*661 Pleasant Street*Belmont, MA 02478*617-484-4892

Date: ____________________________

Name: ____________________________

Address: ____________________________________________________________

Telephone: ____________________________

Email: ____________________________

TYPE OF MEMBERSHIP

Individual ($125.00/yr.) _________

Family ($175.00/yr.) _________

Corporate Sponsor ($750.00/yr.) _________

Friend of the Homer House ($50.00/yr.) _________

I do not seek membership, but wish to make a donation in the amount of $___________.

Please earmark my donation as follows:

Preservation _______ Programming _______ Membership support for those with financial need _______ Other (please specify) ________________________________________

____________________________________ ______________________
Signature Date

*Please do not send cash. We accept only checks and money orders made payable to the Belmont Woman’s Club.

**The Belmont Woman’s Club is a 501(c) 3 nonprofit organization. Membership fees and donations are tax deductible as permitted by law.

***Belmont residency is not required and we do not use or share personal information other than to communicate regarding Woman’s Club matters.