



Minnesota Women of Today

New Member Information Sheet

Contact Information

Please complete the following section in full.

Name: _____ Preferred pronouns: _____

Address: _____

Phone: _____ Best time of day to call: _____

Email: _____ Birthdate (MM/DD/YYYY): _____

Get to Know You Better

Optional, please complete as much as you are comfortable sharing.

Spouse/Partner: _____ Anniversary: _____

Children: (names, ages): _____

Occupation, if retired what industry: _____

Hobbies: _____

Are you a member of any other organizations? _____
If so, please list them: _____

How long have you lived in the community: _____

What special areas of interest do you have? (Community in general, youth, senior citizens, personal development, socials, education, fundraising, etc.)?

What are you hoping to get out of your membership with Women of Today?

What projects have you heard about that you would be interested in learning more about?

Anything else you would like to share: _____