

Waukesha Service Club
Membership Application

Date: _____

Name of Candidate: _____

Husband's (S.O.) Name (if applicable) _____

Number of Children and ages: _____

Address: _____

Phone: _____

E-mail address: _____

Length of Waukesha County Residency: _____

Community Activities: _____

Interests: _____

Sponsored by: 1) _____

2) _____

Please return this form to WSC 2nd Vice-President:
Nellie Dake
1429 Greenway Terrace
Waukesha, WI 53186
262-547-6451 (h)
262-355-6675 (cell)
nellie19@att.net