

THE WELLESLEY COLLEGE CLUB



Membership Application

Name: _____

Address: _____

City, State, Zip Code: _____

Email Address: _____

What type of membership would you like? Please check a box below.

Student Alumnae Social Community & Partners Corporate

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? _____

May we use your name in our newsletter? _____

Signature: _____ Date: _____