



MEMBERSHIP APPLICATION FORM 2009-2010

Name	
Birthdate (Month/Day)	
Nationality	
Home Address <small>Your home address will not be included in the General Membership List distributed to members in order to protect your privacy.</small>	
Home #	
Mobile #	
Email Address	
Embassy or Organization you are affiliated with	

Do you have special skills that you would like to share with the rest of the members?

What are your expectations from the Club?

Were you affiliated with an IWC before? No __Yes __pls specify _____

Disclaimer: The IWCS will use the information you are providing to administer your membership. We will use this information to send you details about Club activities & notices. If you do not want us to contact you this way, please mark X in the space provided. ____

IWCS frequently organizes events for its members and guests. All such events and all related arrangements for transportation, participation and services are made upon the understanding and condition that IWCS and its officers as well as individual members hosting such events or providing such arrangements shall not be liable for any direct, indirect, consequential or incidental damages or for any injuries or losses from or relating to such events and arrangements or their cancellations.

I hereby apply to become a member of the International Women's Club of Sarajevo. I agree to be bound by the Constitution and by-laws of the Club. The Board reserves the right to refuse applications.

The undersigned agrees to abide by these conditions as stated above.

Name & Signature: _____ Date _____

Membership Dues Sept 2009/Sept 2010

Annual membership fee 60 KM. Members who join after 01 February pay half the annual fee.

Payment Received By:
Date Received:
Membership number