



New Member Application

Date: _____

Name: _____

Address: _____

Phone: _____ Email: _____

Occupation: _____

Birthday (Year Optional): _____

Spouse's Name/Occupation: _____

Children/Ages: _____

Special Interests: _____

Goals for your time with Marietta Welfare League:

How did you learn about MWL?

Proposed by: _____

Years known applicant: _____

Official use

Proposal meeting date:

Result: