

The Randolph Women's Club

1855-2017

Membership Application

I hereby make application for membership in the Randolph Women's Club.

Name (Print) _____

Signature _____

Partner/Spouse Name (optional) _____

Address _____

Telephone _____

E-mail _____

Birthday (M/D) _____

Sponsor _____

**Please send to our president Lisa Leake, 23 Fitzgerald Street, Randolph. MA
02368**

**Please enclose membership fee of \$40 with check payable to Ladies Library
Association of Randolph.**

Or pay online with PayPal at www.randolphwomensclub.org

For more information: Call Lisa at 781-608-6084

or email randolphwomensclub@gmail.com

YOU CAN EMAIL THIS APPLICATION!

