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2019-20 Membership Renewal Form



PLEASE WRITE CLEARLY

\$50.00 dues (\$10.00 late fee if paid AFTER 5/31/19)

Write your name and any changes to your contact

information. If there are no changes, please write "NO CHANGES" over the section. Please mail completed form and payment for 2019-20 dues to: BWC Membership, PO Box 10015, Bedford, NH 03110

Last Name _____ First Name _____

Spouse's Name _____ Email _____

Street Address _____ City/State _____ ZIP _____

Home Phone _____ Cell Phone _____

Birthday (month/day) _____

Type of Membership (circle one): Active Associate* Life** Non-resident Past President
**No new Associate Memberships accepted. **Written request must be on file with President.*

NOTE: ALL Active members must serve on one monthly Luncheon Committee: September, October, November, January, February, March or April. Please indicate first choice: _____ second choice: _____

Are you willing to Chair a monthly luncheon? _____

INTEREST DESIGNATIONS: Place check marks by all groups where you want to participate.

| | | | |
|---|--|--|--|
| <input type="checkbox"/> Bo Book Group | <input type="checkbox"/> Co Cooking with Friends— | <input type="checkbox"/> L Lunching Out | <input type="checkbox"/> Sn Snowshoeing |
| <input type="checkbox"/> Br Bridge | —(waiting list) | <input type="checkbox"/> Mj Mah Jongg | <input type="checkbox"/> T Tennis |
| <input type="checkbox"/> BrS Bridge Subs | <input type="checkbox"/> Cu Cultural and Fun Events | <input type="checkbox"/> Ph Photography | <input type="checkbox"/> W Watercolor Workshop— |
| <input type="checkbox"/> Bu Bunco | <input type="checkbox"/> Ge Genealogy | <input type="checkbox"/> Po Poker | —(currently closed) |
| <input type="checkbox"/> CB Couple's Sunday Brunch | <input type="checkbox"/> H Hiking | <input type="checkbox"/> Ru Rummikub | <input type="checkbox"/> Wk Walking Group |
| <input type="checkbox"/> CD Couple's Dinner Group | <input type="checkbox"/> KC Knitting and Crocheting | <input type="checkbox"/> Sc Scrabble | <input type="checkbox"/> Other _____ |

Specific Program Suggestion for 2019-2020 _____

COMMITTEES: Place check marks by committees you are willing to serve.

| | | | |
|--|---|--|--|
| <input type="checkbox"/> Calling | <input type="checkbox"/> Holly Luncheon | <input type="checkbox"/> Scholarship | <input type="checkbox"/> Whale of a Sale |
| <input type="checkbox"/> Community Service | <input type="checkbox"/> Membership | <input type="checkbox"/> Time and Talent | <input type="checkbox"/> Yearbook |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Program | <input type="checkbox"/> Transportation | |
| <input type="checkbox"/> Greeters | <input type="checkbox"/> Public Relations | <input type="checkbox"/> Website | |

Charity Suggestion for a Monthly Donation _____