THE WOMAN'S CLUB OF JOHNS HOPKINS UNIVERSITY MEMBERSHIP FORM 2024

(can be filled out manually or online)

DATE:			
Name:			
Address:			
City/State/Zip:			
Home or Cell Phone Numbe	r:	Home	Cell
			<u> </u>
New Member (check if applied			
Annual Dues: \$35	Enclosed	Via Zelle	
Members who are 90 years o	f age or older are now "Honorary	" and are Dues Free	(Contributions
are always appreciated)	Date of Birth:		
CONTRIBUTIONS:			
JHU Student Scholarship:	Village Le	earning Place:	
Unrestricted Funds:			
Total(Dues plus Contributio			
Please make check payable t	to: Woman's Club of Johns Hop	kins University	
Mail to: Woman's Club of J	ohns Hopkins University, P.O. I	Box 4760, Baltimor	e, MD 21211
Please send this form and Z	elle payment to: jhwomansclub	@gmail.com	
Don't forget to put "Johns H	Hopkins Woman's Club dues 202	24" in the memo lin	e on Zelle
**	***********	****	
Please indicate if you ar	e interested in participating in or	have more informa	tion about:
Book Group:	Walking Group:	French Group:	
German (Group: Mah Jongg C	Group:	
Co	ommunity Volunteer Opportunit	ies:	
	*********	****	
Do you need transportation	Yes	No	