



THE INTERNATIONAL WOMEN'S CLUB OF COPENHAGEN
P.O. Box 5, 2920 Charlottenlund

Photograph

100 x 110 pixels

Membership Application Form

(Please fill in all the lines - and for lines marked with * please use CAPITAL LETTERS)

*SURNAME: *FIRST NAME:

*ADDRESS:

Tel (Home): Mobile: E-mail:

Date of Birth:

*Nationality at birth: (for Name Tag and Membership Directory)

*Present Nationality:

International Ladies:

*Date of arrival in Denmark or Øresund region: Last country of residence:

How long do you expect to stay in Denmark/Øresund region?

Are you a temporary or permanent resident in Denmark/ØR, tick one: Temporary
 Permanent

Danish Ladies:

*Date of return to Denmark or the Swedish Øresund Region: Last country of residence:

Where did you live abroad and for how long? (Please be precise):

Swedish Ladies living in the Swedish Øresund Region

*Date of return to the Swedish Øresund Region: Last country of residence:

Where did you live abroad and for how long? (Please be precise):

Are you a temporary or permanent resident in the Swedish Øresund region, tick one: Temporary
 Permanent

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What is/was your profession :

Are you willing to serve on a committee? Please tick which one(s):

- | | |
|---|--|
| <input type="checkbox"/> Hospitality | <input type="checkbox"/> Programmes |
| <input type="checkbox"/> Philanthropics | <input type="checkbox"/> Activities |
| <input type="checkbox"/> Hostess | <input type="checkbox"/> Editorial |
| <input type="checkbox"/> Tours | <input type="checkbox"/> Host a Coffee Morning |
| <input type="checkbox"/> Membership | |

Club Positions previously held:

Do you have computer skills? Please specify:

How do you prefer to receive your copy of IWC news:

Cosmo, the monthly magazine, contains all information on IWC activities and
Directory: issued once a year to all members

Please check one of the following:

- | |
|--|
| <input type="checkbox"/> E-mail version only |
| <input type="checkbox"/> E-mail version and pick up printed copies at events |
| <input type="checkbox"/> Pick up printed copies at events only |

Name some of your hobbies and areas of interest:

Would you be willing to share any of these hobbies or talents with the club members as an activity?

The Membership Fee is DKK 475.00 (DKK 400.00 annual fee + DKK 75.00 joining fee)

FOR YOUR INFORMATION:

- When we have received your application form it will be submitted for approval at the Board Meeting (on the 1st Thursday of each month except June and July)
- We will inform you after the Board Meeting whether you have been accepted as a new member
- If/when you are accepted as a new member the Membership Fee of DKK 475,00 falls due immediately

Payment to bank or by internet bank transfer to Danske Bank Account No. 1551 - 93 22 485

(Please ensure that you write **your name** as reference to the payment)

Payment to the bank usually takes 3 days before it is reflected in the IWC bank account.

Once your payment has been registered your membership of The International Women's Club is valid and you will receive your welcome package.

PLEASE READ AND SIGN THE FOLLOWING:

I hereby agree that neither the IWC nor any of its members or officers shall be held responsible for injury, loss, damages to me or my property arising as a result of my participation in the Club's activities.

I have read the IWC Constitution and agree to abide by its rules.

*Date of application:

Your Signature:

*Sponsor's name:

Sponsor's E-mail:

Please return your filled in application form to:

Membership Director
International Women's Club of Copenhagen
P.O. Box 5, DK-2920 Charlottenlund

For official use only:

Date of approval:

Approved by: