

FORTNIGHTLY CLUB OF SUMMIT MEMBERSHIP APPLICATION | 2024-2025 CLUB YEAR

Last Name: First Name:					
Address:					
Town:		State:	ZIP:		
Cell Phone:		Home Phone:			
Email:					
		MEMBERSHIP LEVELS:			cle one)
Annual or New	Membership (Individual A	nnual Membership level)			\$150
	•	on-supports the club & includes recognit	ion on our websit	te)	\$200
	ı	PLEASE ANSWER 2 QUESTIONS:			
	eetings? (Circle one) ear about The Fortnightly	y Club? (Fill in)	Daytime 	Evening	Either
		OPTIONAL DONATIONS:			amount)
Donation to:	Twin Maples Historic I	Preservation Fund		\$	
Donation to:	Scholarship Fund			\$	
		TOI	TAL AMOUNT	\$	
PAYPAL:		www.fortnighthtlyclub.or	rg		
CHECK payable to:		THE FORTNIGHTLY CLUB OF SUMMIT			
		mail to: Tina Walker, Mer	nbership Chair		
		242 Kent Place Boulevard,	, Summit NJ 0	7901	
Dues	s and donations are tax ded	luctible.			
******PLEASE	VOLUNTEER FOR AT LEAST TWO	CATEGORIES: ******			
	TH: Coordinate and assist with u				
		ecial events to benefit historic preservation a	ınd		
	scholarship funds.	, , , , , , , , , , , , , , , , , , ,			
PROGRAMMIN	IG: Assist with the development	and delivery of content (speakers, activities,	etc.) for		
	General Meetings.				
	· · · · · · · · · · · · · · · · · · ·	ctivities to support our community; be a volu	ınteer.		
	n an outing – play, museum, gard	,			
	Coordinate set-up of room, food, eate social media posts for Facebo				
	TORIAN: Sort, file, and describe				
		t eblasts and/or create Graphics or news arti	icles.		
		ns in the spring to select the recipients.			
	st with public rentals and events I				
		planting or cleanup of Twin Maples.			
	· -	ents, then distribute to Publicity & Webmasto	er.		
We are a wor	men's aroun dedicated to volunte	erism, fundraising, community service and o	outreach.		

**Members are expected to participate in the above & support the Annual Fundraising Efforts **