



**FORTNIGHTLY CLUB OF SUMMIT
MEMBERSHIP APPLICATION | 2021-2022 CLUB YEAR**

Last Name: _____ First Name: _____

Address: _____ Spouse/Partner: _____

Town: _____ State: _____ ZIP: _____

Cell Phone: _____ Home Phone: _____

Email: _____

****All members are expected to join a committee and participate in or support the Annual Scholarship Luncheon****

MEMBERSHIP LEVELS: (Circle one)

Supporting Membership (Built in Donation-supports the club & includes recognition in Club Directory) **\$150**

Annual Membership (Individual Annual Membership level) **\$100**

OPTIONAL DONATIONS: (Fill in amount)

Donation to: **Twin Maples Historic Preservation Fund** \$ _____

Donation to: **Sherry Rawson Scholarship Fund** \$ _____

Donation to: **Turkey Drive** \$ _____

Donation to: **Adopt-A-Class** \$ _____

Donation to: **Spelling Bee** \$ _____

TOTAL AMOUNT ENCLOSED: \$ _____

Mail form to: The Fortnightly Club of Summit Include check payable to **“The Fortnightly Club”**
 214 Springfield Avenue
 Summit, NJ 07901

Dues and donations are tax deductible.

INDICATE 3 COMMITTEES THAT YOU WOULD BE ABLE TO PARTICIPATE ON:

- | | |
|--|---|
| <input type="checkbox"/> Publicity/Social Media | <input type="checkbox"/> Adopt-A-Class |
| <input type="checkbox"/> Hospitality | <input type="checkbox"/> Spelling Bee |
| <input type="checkbox"/> Social Committee/LNO/Daytrips | <input type="checkbox"/> SHIP |
| <input type="checkbox"/> Book Club | <input type="checkbox"/> Special Events (BooBags/Photos with Santa) |
| <input type="checkbox"/> Twin Maples House & Grounds | <input type="checkbox"/> Community Service/Volunteers |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Scholarship |

We are a women’s group dedicated to volunteerism, fundraising, community service and outreach.