



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

Photograph

3 ½ x 4 ½

Membership Application Form

(Please fill in the lines marked with * in 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:			

Foreign Ladies:

*Date of arrival in Denmark:	Last country of residence:
How long do you expect to stay in Denmark?	

Danish Ladies:

*Date of return to Denmark:	Last country of residence:
Where did you live abroad and for how long? (Please be precise):	

Are you a temporary or permanent resident in Denmark, tick one:	<input type="checkbox"/> Temporary
	<input type="checkbox"/> Permanent

What is/was your profession :



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

- | | |
|--|--|
| <input type="checkbox"/> Hospitality | <input type="checkbox"/> Programmes |
| <input type="checkbox"/> Philanthropic | <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:

Which version of the Cosmo would you like to receive? Choose one:

- Printed version only E-mail version 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)

APPLICATION WILL ONLY BE CONSIDERED ON RECEIPT OF PAYMENT

***I have paid by:**

- Enclosed cheque payable to The International Women's Club of Copenhagen.
 Payment to bank or by internet bank transfer to Danske Bank Account No. 4130 - 93 22 485
(Please ensure that you write your name as reference to the payment)

*Date of Payment:

*Date of application:

Your Signature:

*Sponsor's name:

Sponsor's E-mail:

Please return to: Membership Director
International Women's Club of Copenhagen
P.O. Box 5
2920 Charlottenlund

Date of approval:

Approved by:

For your information:

- *Your application will be submitted for approval at the Board Meeting which convenes on the first Thursday of every month (except July).*
- *Payment to the bank usually takes 3 days before it is reflected in the IWC bank account.*