



PO Box 384

www.vtwl.org

Pickerington, OH 43147

MEMBERSHIP APPLICATION

PLEASE PRINT

Revised Aug 2025

Personal Information:

Name: _____ **Date:** _____ **New:** _____ **Renewal:** _____

Street Address: _____

City: _____ State: _____ Zip Code _____

Cell Phone _____ **Home Phone** _____

Email Address: please put one letter or character/symbol per box.

113. *Leucosia* *leucostoma* *leucostoma* (Fabricius)

Spouse's Name: _____ Birthday: _____ / _____
Month / Day Anniversary: _____ / _____
Month / Day

The answer to the following question is not mandatory but voluntary:

Do you have any skills, talents, or experiences that would help in supporting VTWL?

Newsletter: The monthly newsletter is sent via email to all paid members. Any member without Internet service may request a paper copy sent to her home address.

Yes, please mail the newsletter to my home address because I have no Internet service.

Annual dues are \$35: Please submit your completed application with cash or check (payable to VTWL) at one of VTWL's meetings. You can also mail a check (payable to VTWL) to the above address on this form. New and renewing members are asked to pay their dues in August but before October 1st, for their information and picture to appear in the VTWL Directory. Our membership year runs August to July.

Special Interest Groups offered throughout the year. Please circle groups you are interested in:

At the Kitchen Table Bunco Chicktails Day Tripper Morning Euchre
Afternoon Euchre Evening Euchre Ladies Out to Lunch Tripoli

Check Amt: _____ *Check #:* _____
Cash Amt: _____ *Date Pd:* _____
Taken By