



Help Us Get to Know You Questionnaire

Name _____ Birthday (Month/Day) _____

Address _____

Telephone: Home _____ Cell _____ Work _____

Email _____

Employer/Occupation _____

Spouse's/Significant Other's Name (if applicable) _____

Children _____

Emergency Contact Name & Telephone _____

List any civic, church or community involvement. _____

List any hobbies or interests. _____

List any skills that can assist in making our projects successful: i.e.: Excel knowledge, photography, grant writing, promotional writing, sewing, event planning, etc.

Sponsoring Member (Optional) _____

Please complete and return to:

Woman's Club of Cayce
Membership Committee
PO Box 4273
Cayce SC 29171
1stvp@womansclubofcayce.org