



## 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  
admin@womansclubofcayce.org