



American Women's Club of Luxembourg
51 rue Marie-Adelaide
L-2128 Luxembourg Tel: +352 44 84 77 Fax: +352 45 19 93
www.awcluxembourg.com membershipawcl@gmail.com

MEMBERSHIP APPLICATION

Year you Joined the AWCL _____

*Indicates Required Fields

PLEASE PRINT CLEARLY

*Last Name: _____

*First Name: _____

*Address: _____

*Postal Code: _____ *City/Commune: _____

If postal code is between L-10... & L-29..., I live closest to:

<input type="checkbox"/> Belair	<input type="checkbox"/> Bonnevoie	<input type="checkbox"/> Cents	<input type="checkbox"/> Clausen	<input type="checkbox"/> Gasperich	<input type="checkbox"/> Hollerich
<input type="checkbox"/> Kirchberg	<input type="checkbox"/> Limpertsberg	<input type="checkbox"/> Merl	<input type="checkbox"/> Neudorf	<input type="checkbox"/> Rollingergrund	<input type="checkbox"/> Lux Ville

*Email: _____

*Telephone: _____ *Mobile: _____

*Nationality: _____ Date you arrived in Luxembourg _____

If American: In which state are you registered to vote: _____

Your Birth Date and Month _____

Your Professional Background: _____

Are you Currently Employed? Yes / No Company Affiliation: _____

*Spouse/Partners Name: _____ *Nationality: _____

Profession: _____ Company Affiliation: _____

Children's Name and birth year _____

The AWCL has Activities in the following areas: (Please check all that you are interested in)

- | | | | | | |
|---|--|---|-----------------------------------|---------------------------------------|-------------------------------------|
| <input type="checkbox"/> Book Club | <input type="checkbox"/> Bridge | <input type="checkbox"/> Golf | <input type="checkbox"/> Hiking | <input type="checkbox"/> Tennis | <input type="checkbox"/> Craft Club |
| <input type="checkbox"/> Day Trips | <input type="checkbox"/> Fitness Club | <input type="checkbox"/> Newsletter | <input type="checkbox"/> Ramblers | <input type="checkbox"/> Scrapbooking | |
| <input type="checkbox"/> Cinema Sisters | <input type="checkbox"/> DVD Library | <input type="checkbox"/> Wine Club | <input type="checkbox"/> TGIF | <input type="checkbox"/> Sit & Stitch | |
| <input type="checkbox"/> Cooking Classes | <input type="checkbox"/> Moms & Tots | <input type="checkbox"/> English Conversation | | | |
| <input type="checkbox"/> Walking Shelter Dogs | <input type="checkbox"/> Ladies Luncheon Delight | <input type="checkbox"/> Potluck Book Club | | | |
| <input type="checkbox"/> Ladies Night Out | <input type="checkbox"/> Paperbacks & Potpourri | <input type="checkbox"/> French Conversation | | | |

Would you like to be a Neighborhood Ambassador?

Volunteering Opportunity's: Clubhouse Staff, International Bazaar, Trick or Treat, Toys for Tots, Monthly Magazine, New Comer Information and much, much more!

DUES MAY BE PAID IN THE FOLLOWING WAYS:

Through your bank or any post office by virement to:

1. American Woman's Club (your name as it appears on your bank or internet transfer)

Bank Account: BCEE #LU75 0019 1000 7359 6000

2. In cash at the Monthly Meeting or the Clubhouse

Dues are €50 yearly June 1st – May 31st Dues are pro-rated after January 1st. FOR NEW MEMBERS

ONLY. Your Membership is not complete until Paid and an application is completed. Processing your application may take up to 2 weeks. PLEASE RETURN APPLICATION TO: AWCL attn: Membership, 51 rue Marie-Adelaide, L-2128, and Luxembourg.

CHECK IF YOU DO NOT WANT YOUR INFORMATION PUBLISHED IN OUR DIRECTORY OR WEB SITE

FOR AWCL OFFICE USE ONLY:

2010/2011

Amount Paid: _____
Date Paid: _____ Cash or Virement (Please circle)
Membership Card Issued: Yes No Date, if different from above _____
Membership Packet Issued: Yes No Date, if different from above _____
Grapevine Issued: Yes No Date, if different from above _____

Printed Name of volunteer: _____

Signature of volunteer: _____

2011/2012

Amount Paid: _____
Date Paid: _____ Cash or Virement (Please circle)
Membership Card Issued: Yes No Date, if different from above _____
Membership Packet Issued: Yes No Date, if different from above _____
Grapevine Issued: Yes No Date, if different from above _____

Printed Name of volunteer: _____

Signature of volunteer: _____

2012/2013

Amount Paid: _____
Date Paid: _____ Cash or Virement (Please circle)
Membership Card Issued: Yes No Date, if different from above _____
Membership Packet Issued: Yes No Date, if different from above _____
Grapevine Issued: Yes No Date, if different from above _____

Printed Name of volunteer: _____

Signature of volunteer: _____

UPDATED INFORMATION: Please put the full date. (Day/Month/Year)

