



Macaé International Women's Club

www.miwc-br.org

Membership Form

Last Name _____

First Name(s) _____

Suburb _____

City _____

Home Phone _____ - _____ - _____

Cell Phone _____ - _____ - _____

Email _____ @ _____

Nationality _____

Birthday **Month:** _____ **Day:** _____

Age 20-30 31-40 41-50 51-60 61+

Please fill in activities you like to get involved in with other MIWC members. Some suggestions: book club, dinner club, Bridge, all types of sport, mom & toddlers, language, etc.

Do you have any job-skills or hobbies which could contribute to the MIWC?

Please tick the box if you would like name, contact details and your activity / interests listed in the MIWC Directory?

Please send this form by e-mail to webmaster@miwc-br.org or hand it over to a board member at the next general meeting.