



West Allis Charities, Inc.

A Gem in the Community - since 1964

Membership Application

(Please Print Information Clearly)

Application Date: _____ Acceptance Date: _____

First Name _____ Last Name _____

Street Address _____

City _____ State _____ Postal Code _____

Home Phone _____ Cell Phone _____

Fax # _____ E-mail _____

Business _____

Street Address _____

City _____ State _____ Postal Code _____

Work Phone _____ E-mail _____

Fax # _____

Please Answer the Following:

(Need more room? Please continue on the back.)

What would you like to contribute to the West Allis Charities, Inc.?

Additional information (achievements, talents, hobbies, etc.)

Committee Volunteer Opportunities

___ PROJECT HEALTH - Assist in acquiring donations to support medical, dental, vision, and nutrition for individuals.

___ PROJECT LIVING – Assist in acquiring donations for food, select household items, some utilities, and physical impairment devises.

___ PROJECT LITERACY & EDUCATION – Assist with the annual bowling tournament, serve on the scholarship committee, and assist in acquiring monetary / scholarship donations.

___ PROJECT SAFETY – Assist in creating events / network with other organizations to develop fundraisers and acquire donations for community project support.

___ PROJECT NETWORKING – Assist in reaching out to organizations and businesses for Community Partnerships.

Mail Application to: West Allis Charities, Inc., Membership, PO Box 14544, West Allis, WI 53214

This information you are providing the West Allis Charities, Inc. is for the sole use of the organization and will not be sold, bartered, or traded to any other organization, group or company without the signed permission of the individual on this application.