



Women's Civic League, Inc.
P. O. Box 22287
Baltimore, MD 21203

INTEREST FORM

NAME _____

ADDRESS _____

EMAIL ADDRESS _____

PHONE (_____) _____ - _____

HOW DID YOU LEARN ABOUT THE WOMEN'S CIVIC LEAGUE? _____

WHY ARE INTERESTED IN JOINING THE WOMEN'S CIVIC LEAGUE?

Please return completed form to the Women's Civic League:

(via regular mail) **P. O. Box 22287, Baltimore, MD 21203**

(via email) **office@womenscivicleague.org**