

The Storm Sisters Social Club Membership Application

Personal Information:

- Full Name: _____
- Date of Birth (must be 25+): _____
- Address: _____
- City, State, Zip: _____
- Phone Number: _____
- Email: _____
- Emergency Contact (Name & Number): _____

Membership Questions:

1. Why do you want to join The Storm Sisters Social Club?

2. What qualities do you believe make a strong sisterhood?

3. What skills, talents, or experiences can you bring to the sisterhood?

4. Are you able to commit to biweekly meetings on Wednesdays from 6:30-7:30 PM?
 Yes No

5. Are you comfortable volunteering and participating in community-based activities?
 Yes No

Membership Agreement:

By submitting this application, I acknowledge that:

- I understand and agree to abide by the rules and values of The Storm Sisters Social Club.
- I commit to maintaining a positive and respectful attitude toward all members.
- I will contribute to the sisterhood's support, empowerment, and community service mission.

Applicant Signature: _____

Date: _____