Rochester Museum & Science Center
Women's Council
MEMBERSHIP APPLICATION

DATE_____

NAME_____

Last First Initial Husband's Name

ADDRESS _____

PHONE _____**E-MAIL** _____

Community volunteer experience and dates:

Membership in other organizations:

Personal interests, special skills/talents:

Professional experience:

APPLICANT MUST BE A MEMBER OF RMSC:

- ☐ **is current RMSC member**
- ☐ **is planning to join RMSC**

How did you become interested in the Women's Council?

Please return application and check for $20 made out to RMSC Women's Council to:

Phyllis Brault
8 Bristol View Lane
Fairport, NY 14450
(585) 218-9449

RMSC
Rochester Museum & Science Center