

The Woman's Club of West Covina
Membership Application

Name: _____ Date of Application: _____

Address: _____

Phone: _____ Cell Phone: _____ Email: _____

Marital Status _____ Birthday: ____/____/____ Significant Others Name: _____

Club Sponsor: _____

Please indicate your interest in any of the club activities listed below (check as many as you like):

- | | | |
|---|--|--|
| <input type="checkbox"/> Bunco | <input type="checkbox"/> CA History & Landmarks | <input type="checkbox"/> Drama/Theater |
| <input type="checkbox"/> Crafts | <input type="checkbox"/> Legislation | <input type="checkbox"/> Phone Committee |
| <input type="checkbox"/> Bowling | <input type="checkbox"/> Public Relations | <input type="checkbox"/> School Issues |
| <input type="checkbox"/> Literature | <input type="checkbox"/> Veterans Affairs | <input type="checkbox"/> Spiritual Values |
| <input type="checkbox"/> Golf | <input type="checkbox"/> Conservation/Beautification | <input type="checkbox"/> Health Issues |
| <input type="checkbox"/> Community Safety | <input type="checkbox"/> Entre Nous | <input type="checkbox"/> Community Affairs |

Any special interests not listed above? _____

Other organizations/positions held? _____

I, the undersigned, hereby make application for membership in the Woman's Club of West Covina. I agree to conform to the by-laws of the Club and to recognize that the objects of this Club are education, social enjoyment; and, the promotion of the general welfare of the community. I agree to pay regularly the dues as fixed by the Club and will endeavor, at all times, to consider myself a valued member of this organization.

Entrance Fee: \$20.00 (first year **only** to cover cost of badge and administration)
Annual Membership Dues: \$45.00 per year

You will receive our monthly Club News, "The Link" and are expected to support at least one Ways and Means project a year. Welcome to The Woman's Club of West Covina!

Signature: _____ Date: _____

In the event of an emergency who shall we contact?

Name: _____ Relationship: _____

Phone: _____ Email: _____

Address: _____

NOTES
