

WOMAN'S CLUB OF ESCONDIDO

751 N. Rose Street
Escondido, CA 92027
(760) 743-9178

Email: WomansClubofEscondido@gmail.com

Membership Application

Please Print Clearly

Date: _____

Name: _____ (AKA): _____

Date of Birth (Month/Day): _____ Spouse: _____

Address: _____ City: _____

State: _____ Zip: _____ Email : _____

Phone:(Cell) _____ (Home) _____

Emergency Contact (Name & Relationship) _____

(Phone) _____

Special Interests and Expertise: _____

Other Organizations/Affiliations: _____

Please indicate where you want to help/serve :

Computers: _____	Decorations : _____	Fundraising : _____
House & Grounds: _____	Kitchen : _____	Music : _____
Newsletter: _____	Programs : _____	Publicity : _____
Reception/Greeter: _____	Telephoning members: _____	Yearbook: _____

I accept membership into the Woman's Club of Escondido and will abide by all the bylaws of the club.

Signature

Membership from July 1 to June 30 : \$45
Plus Initiation Fee <u>\$10</u>
Total \$55

New membership after January 1st	\$22.50
Plus Initiation Fee <u>\$10.</u>	
Total	\$32.50

Make check for **\$ 55** or **\$32.50** payable to the "Woman's Club of Escondido"

Send to: **Woman's Club of Escondido**

(Attention: Membership)
751 N. Rose St., Escondido, CA 92027

Received:

Date _____	Check# _____	Amt _____
Date _____	Cash _____	Amt _____