

**MEMBERSHIP INFORMATION**

**For Information on membership or copies of the news-letter, call: Robert McGehee at 619-487-0395 or email him at mcgeheesd@gmail.com.**

**Thank you for your interest in joining WOW. We encourage you to get to know our WOW members by attending the walks, happy hours, or luncheons. You may attend two other activities without joining on a non-member basis**



**WOW MEMBERSHIP AND RENEWAL FORM**

Please Print. Thank You

LAST NAME: _____	FIRST NAME: _____	√ <b>Check Membership</b>
ADDRESS: _____		New: _____
CITY: _____ STATE: _____ ZIP CODE: _____		Renewal: _____
PHONE NUMBER: _____ CELL: _____		
EMAIL ADDRESS: _____		√ <b>Check Changes</b>
BIRTH DATE AND MONTH: _____		Address _____
IN CASE OF EMERGENCY: Name _____ Phone _____		Phone# _____
		Email _____

HOW DID YOU HEAR ABOUT WOW? \_\_\_\_\_

I WILL BE WILLING TO SERVE ON A COMMITTEE: YES \_\_\_ NO \_\_\_

I WOULD LIKE TO ALSO RECEIVE THE NEWS LETTER BY EMAIL. \_\_\_

I hereby apply for membership in WOW of San Diego with the understanding that initial membership is restricted to widows or widowers. I hereby attest that I am a widow/widower and I agree to hold WOW of San Diego and its officers harmless from any liability arising from my participation.

**(FOR NEW MEMBERS ONLY: PROOF OF STATUS IS REQUIRED PRIOR TO ACCEPTANCE AS A MEMBER PLEASE ATTACH A COPY OF THE DEATH CERTIFICATE TO THIS APPLICATION WHEN APPLYING FOR MEMBERSHIP. The death certificate will be returned.)**

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

**MEMBERSHIP FEES AND DUES ARE \$50.00 PER YEAR PAYABLE DURING THE MONTH (1-12). MAKE CHECK TO WOW of SAN DIEGO.**

**NEW MEMBERS MAY PURCHASE OPTIONAL WOW T-SHIRT AND NAME TAG AT THE NEW MEMBERS ORIENTATION. YOU WILL BE CONTACTED WITH DATE/TIME.**

Note: Mail completed membership application, membership fees, and proof of status as a widow/widower to: WOW of San Diego, P.O. Box 600004, San Diego, CA 92160.

If you have any question concerning completion of this application or WOW in general, call the membership person or any member of the Board of Directors.

**OFFICE USE: Check # \_\_\_\_\_ Date \_\_\_\_\_ Amount \_\_\_\_\_ Member # \_\_\_\_\_**