## **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

_	
$\sigma$	
$\mathcal{O}$	

WOW MEME		AND RENEW Thank You	AL FORM
LAST NAME:	FIRST NAMI	Ξ:	√ Check Membership
			-
ADDRESS:	STATE:	ZIP CODE:	Renewal:
PHONE NUMBER:	CEL	<u>L:</u>	
EMIAIL ADDRESS			V Check Changes
BIRTH DATE AND MONTH:			Address
BIRTH DATE AND MONTH: IN CASE OF EMERGENCY: Name		Phone	Phone# Email
MEMBER OF: ELKSVFW	AMERICA	N LEGION	
HOW DID YOU HEAR ABOUT WO	W?		
I WILL BE WILLING TO SERVE ON		TEE: YES NO	)
I WOULD LIKE TO ALSO RECEIVE			
I hereby apply for membership in V			
membership is restricted to widows			
I agree to hold WOW of San Diego			
participation.			
•			
(FOR NEW MEMBERS ONLY: )			
ACCEPTANCE AS A MEMBER P			
CERTIFICATE TO THIS APPLIC	<u>ation whi</u>	<u>EN APPLYING F</u>	OR MEMBERSHIP. The
death certificate will be returned.)			
SIGNED:		]	DATE:
MEMBERSHIP FEES AND DUES A			
<u>MEMBERSHIP FEES AND DUES</u> A (1-12).	ARE \$33.0	U PER YEAR PA	YABLE DURING THE MONTH
(1-12). MAKE CHECK TO <b>WOW of SAN D</b>	IEGO.		
Note: Mail completed membership			
widow/widower to: WOW of San I			
If you have any question concerning			
the membership person or any men	nber of the B	oard of Directors.	
OFFICE USE: Check #	Date	Amount	Member #