Please print the completed form and send it in with support documents.
Thank You

LAST NAME:

FIRST NAME:

ADDRESS:

CITY:

STATE: CA ZIP CODE:

PHONE NUMBER:

CELL:

EMAIL:

BIRTH DATE: 1 MONTH: Jan

IN CASE OF EMERGENCY:

Name:

Phone:

√ **Membership** ◉ New ○ Renewal

√ **Renewal Changes** ☐ Address ☐ Email ☐ Phone ☐ Other

HOW DID YOU HEAR ABOUT WOW (A referal)?

I WILL BE WILLING TO SERVE ON A COMMITTEE: ○ Yes ○ No

RECEIVE THE NEWS LETTER BY EMAIL? ○ Yes ○ No

MEMBER OF: ELKS ☐ VFW ☐ AMERICAN LEGION ☐

OTHER

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. ☐ I Agree to the terms and conditions

(**FOR NEW MEMBERS ONLY**: PROOF OF STATUS IS REQUIRED PRIOR TO ACCEPTANCE AS A MEMBER PLEASE ATTACH A COPY OF THE D3ATH CERTIFICATE TO THIS APPLICATION WHEN APPLYING FOR MEMBERSHIP. The death certificate will be returned.)

SIGNED:_____ DATE:

MEMBERSHIP FEES AND DUES ARE **$35.00** **PER YEAR** PAYABLE DURING THE MONTH.

MAKE CHECK TO **WOW of SAN DIEGO.**

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 #**_____