## **MEMBERSHIP INFORMATION**

For Information on membership or copies of the news-letter, call: Robert McGehee at 619-487-0395

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.

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WOW MEMBERSHIP AND RENEWAL FORM			
Please Print. Thank You			
LAST NAME: FIRST NAME:	√ Check Membership		
ADDRESS:	New:		
CITY: STATE: ZIP CODE:	Renewal:		
PHONE NUMBER: CELL:	Male:		
EMAIL ADDRESS:	Female:		
IN CASE OF EMERGENCY: NamePhone			
BIRTH DATE AND MONTH:			
MEMBER OF: ELKSVFWAMERICAN LEGION √Check Ch			
OTHER	A 11		
HOW DID YOU HEAR ABOUT WOW?	Address: Phone:		
I WILL BE WILLING TO SERVE ON A COMMITTEE: YESNO			
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.wITTER  (FOR NEW MEMBERS ONLY: PROOF OF STATUS IS REQUIRED PRIOR TO ACCEPTANCE AS A MEMBER.  THE AGE ATTENDED A			
PLEASE ATTACH A COPY OF THE DEATH CERTIFICATE TO THIS APPLICATION WHEN APPLYING FOR MEMBERSHIP. The certificate will be returned.)			
SIGNED: DATE:			
MEMBERSHIP FEES AND DUES ARE \$35.00 PER YEAR PAYABLE IN NOTED IN THE UPPER RIGHT CORNER NEAR YOUR NAME ON THE NEW 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 #		