

MEMBERSHIP INFORMATION

For Information on membership or **copies of the news-letter**, call: **Anita Lane at 619-390-0926**

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: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE NUMBER: _____ CELL: _____

EMAIL ADDRESS: _____

IN CASE OF EMERGENCY: Name _____ Phone _____

BIRTH DATE AND MONTH: _____

MEMBER OF: ELKS _____ VFW _____ AMERICAN LEGION _____

OTHER _____

HOW DID YOU HEAR ABOUT WOW? _____

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

I UNDERSTAND THAT THE NEWS LETTER WILL ONLY BE DELIVERED BY EMAIL.
_____ INITIAL

√ Check Membership

New: _____

Renewal: _____

Male: _____

Female: _____

√ Check Changes

Address: _____

Phone: _____

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. 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 DURING THE MONTH (1-12).
NOTED IN THE UPPER RIGHT CORNER NEAR YOUR NAME ON THE NEWSLETTER MAILING LABEL.
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 1271, Lakeside, CA 92040.

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 # _____