Application	_____
Picture	_____
Badge	_____
Email	_____
Book	_____
Dues	_____

Woman's Club of Lincoln
PO Box 1113(mailing address)
499 E Street (corner of 5th)
Lincoln, California 95648
916-645-3665

Membership Application

Last Name _____First Name_____

Address_____

City _____ State _____Zip_____

Phone Number_____

Email _____

Birthday (month/day)_____

Emergency Contact _____Phone_____

Personal Interest_____

Program Interest_____

Why do you wish to become a member of the Woman's Club?

_____

Recommended By_____

Donations/Dues of $50 are collected in Oct for Jan-Dec of the following year. Those who join July-Sept pay (25.00) for half year and pay full for next year by Dec. Those who join in Oct-Dec pay the full amount for the following year.

I look forward to being an active member. I agree to serve on the **Refreshment Committee** once a year and be involved in at least two events or fundraisers to the best of my ability.

Signature_____Date_____

Cg23