

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

Membership	_____
Picture	_____
Badge	_____
Email	_____
Book	_____
Treasurer	_____

## 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 \$45 are collected in Oct for Jan-Dec of the following year. Those who join July-Sept pay (23.00) 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 \_\_\_\_\_