



# MEMBERSHIP APPLICATION

**Note:** If completing this form online, please download and save the form to your desktop.

**Please Print:**

Name: \_\_\_\_\_ DOB: (M/D) \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_  
 Anniversary: \_\_\_\_\_ (optional)

Personal information is not shared with third parties. By signing the membership form, you acknowledge that the Women's Club of Hollister has your permission to communicate with you electronically. You may opt out at any time by emailing [info@womensclubofhollister@gmail.com](mailto:info@womensclubofhollister@gmail.com).

**Please check areas of interest:**

Art Committee: \_\_\_\_\_ Book Club: \_\_\_\_\_ Backpack: \_\_\_\_\_ Bunco: \_\_\_\_\_ Fashion Show: \_\_\_\_\_  
 Flamingo Flocking: \_\_\_\_\_ History/Scrapbk: \_\_\_\_\_ Laundry2Literacy: \_\_\_\_\_ Membership: \_\_\_\_\_  
 Newsletter: \_\_\_\_\_ Scholarship: \_\_\_\_\_  
 How did you learn about WCH? \_\_\_\_\_  
 Your hobbies/interests: \_\_\_\_\_  
 Special training: \_\_\_\_\_

I, \_\_\_\_\_, as a member of the Women's Club of Hollister, will support the Club through my donation(s) or direct participation in one or more committees and will volunteer for special programs when able (i.e. Downtown Hollister Association, SBC Chamber, as members of WCH).

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Please return form to WCH Membership at P.O. Box 818, Hollister, CA 95024 or email to [womensclubofhollister@gmail.com](mailto:womensclubofhollister@gmail.com).

Return form with a check payable to: WCH for \$45 (includes one-time initiation of \$15, plus \$30 annual dues)

**OFFICE USE ONLY:**

Copy w/check to Treasurer: \_\_\_\_\_ Dues Paid: \$ \_\_\_\_\_  
 Copy to Yearbook Chair: \_\_\_\_\_ Copy to: Committees noted above