

COLLEGE WOMEN'S CLUB OF PASADENA

Membership Application

Name: _____

Address: _____

Email: _____

Phone: Mobile _____ Home: _____

College/University

Degree

Major

Sponsor _____

Sponsor _____ (Executive Board Signature)

I hereby apply for membership in the College Women's Club of Pasadena as a:

_____ Regular Member. I have completed at least two years of full academic work in an accredited college or university that confers a bachelor's degree.

_____ Merit Member. My professional accomplishments, academic background, exceptional talents and/or noteworthy contributions to the community qualify me.

Each member is expected to contribute to the Scholarship Foundation.

With this Application, I am including my dues of \$60.00 plus an entrance fee of \$5.00, totaling \$65.00.

(Signature) _____ Date _____

Please return this Application with your check payable to the College Women's Club of Pasadena to your sponsor or the Membership Chair.

Please use the back of this Application or a separate page to tell us about yourself: current or past careers, experiences, talents, memberships, interests, hobbies, etc.