

COLLEGE WOMEN'S CLUB OF PASADENA

Membership Application

Name: _____

Address: _____

Email: _____

Phone: Mobile _____ Home: _____

Information about you and why you want to join. Education, current or past careers, experiences, talents, memberships, interests, hobbies, etc. (use back if needed)

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 the address below:

Robin Graney

453 West Duarte Road, #2

Arcadia, CA 91007

Revised 2023