



NORTH COUNTY WIDOWS AND WIDOWERS CLUB Associate Membership Application

I _____ a member in good standing in the North County Widows and Widowers Club sponsor my partner _____ to be approved by the Board as an Associate Member of the Club.

I understand that I can only bring the same guest three times before he/she must be proposed for Associate Membership and pay dues.

Signed: _____

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Please complete this application and send with your annual membership fee of \$62.

Make the check payable to: "NC Widows and Widowers Club"
Mail to Linda Britton, 2nd Vice President/Membership
1012 San Pablo Dr. San Marcos, CA 92078
For more information call Linda at: 760-910-3746

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*****For Proposed Associate Member*****

Please provide the information for the proposed associate below. If you don't want the information published in the Club roster, opt-out below.

PLEASE PRINT CLEARLY

Associate Name: _____

Address: _____

City, State, Zip Code: _____

Home Phone: _____ **Cell** _____

E-Mail: _____

- I choose to have only my name published in the club roster.
- I choose NOT to have my membership information published in the club roster.

I hereby apply for associate membership in the Widows and Widowers Club of North County. I agree to hold the Club harmless from any liability arising from my participation,

Associate Signature _____ **Date** _____