



NORTH COUNTY WIDOWS AND WIDOWERS CLUB MEMBERSHIP RENEWAL/REINSTATEMENT

DEAR MEMBERS,

Thank you all for your continued support this past year. We are looking forward to seeing you at the events planned for next year.

Please provide the information below and PLEASE PRINT CLEARLY

Name: _____

Address: _____

City, State, Zip Code: _____

Home Phone: _____ Cell _____

E-Mail _____ Birthday (DD/MM) _____

Emergency Contact (optional) Name _____ Phone _____

☐ I choose NOT to have my membership information published in the club roster.

Please select preferred annual membership level

☐ \$62.00 - I wish to receive the monthly Newsletter via email (be sure to provide valid email address.)

or

☐ \$72.00 - I wish to receive the monthly Newsletter by US Mail.

Make the check payable to: "NCWW"

Mail check and application to:

Diane Phillips Treasurer
2022 Vista Grande Drive
Vista, CA 92084

[] Yes [] No — I hereby consent to my likeness appearing in photographs as I participate in social functions sanctioned by the North County Widows and Widowers Club.

Further I hold harmless, the North County Widows and Widowers Club, Board of Directors and hosts or hostesses from any and all alleged claims, demands, causes of action, liabilities, loss, damage and/or injury to property or person without limitation while involved in any and all activities and functions of the North County Widows and Widowers Club. widowsandwidowersnc@gmail.com

Signature _____ Date _____

Our Newsletter is available at: widowsandwidowersnc.com
North County Widows and Widowers, PO Box 4005, Carlsbad CA 92018