NORTH COUNTY WIDOWS AND WIDOWERS CLUB

Membership Application

Please provide the information below and PLEASE PRINT CLEARLY.

Name _____Cell #_____

Address: _____

City, State, Zip Code: _____ Home Phone _____

E-Mail _____ Birthday (MM/DD) _____

Emergency Contact - Name _____ Phone _____
(optional)

☐ 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.
☐ $10.00 - I would like to order a name badge (optional)

Please make the check payable to: NC Widows and Widowers Club" and mail check and application to:
NCWW, % Linda McDonald,
29225 Vista Valley Dr.
Vista CA 92084

Questions? Call Linda at (858) 692-4780

Date Widowed (mm/yyyy)_____. (This is for our information only.)

Please list your hobbies and interests:

Besides our current activities, what other activities would you like the Club to host?

Volunteers are greatly appreciated and welcome! Would you like to volunteer your time and/or talents at a club event or for a project? [ ] Yes [ ] No

If accepted as a member, 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.
[ ] Yes [ ] No

I hereby apply for membership in the Widows and Widowers Club of North County and understand that membership is restricted to single, widowed adults.

Signature_____ Date _____ Revised — 08/26