

***3320 Monroe Street, Carlsbad, CA 92008***

***Application for Membership***

*Date: \_\_\_\_\_\_\_\_\_*

*The Woman’s Club of Carlsbad is pleased to consider your application for membership in our club.*

* *As we are a service organization, in addition to our social time, we raise funds for scholarships and other philanthropic purposes*
* *Each member is required to be active in some field of these endeavors.*
* *Please check where you feel you could be helpful:*

***Ways & Means (fundraising) \_\_\_\_\_ Education \_\_\_\_\_ Crafts \_\_\_\_\_\_\_\_\_\_***

***Entre Nous (newsletter) \_\_\_\_\_ Literature \_\_\_\_\_\_ Health \_\_\_\_\_\_\_\_\_\_***

***International Affairs \_\_\_\_\_\_ Arts \_\_\_\_\_\_ Legislation \_\_\_\_\_***

***Membership: $50 - Annual Active Membership***

 ***$10 - New Members one-time processing fee***

*Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Spouse’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*City & Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Home Ph # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Ph #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Text: Yes/No*

*Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Birth Date (Month/Day): \_\_\_\_\_\_\_\_\_\_\_*

*Note: Membership fee must accompany this application*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*