



Santa Clara Woman's Club
(Member of the General Federation of Women's Clubs)
Membership Application

APPLICANT: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE (H): _____ CELL: _____

E-MAIL ADDRESS: _____

REFERRED BY: _____

HOW DID YOU FIND OUT ABOUT US? _____

SPOUSE'S NAME: _____

CHILDREN'S NAMES: _____

MEMBER'S BIRTHDAY [month/day]: _____

SKILLS AND/OR INTERESTS THAT YOU MIGHT BE ABLE TO SHARE:

OTHER ORGANIZATIONS TO WHICH YOU BELONG:

ANNUAL DUES: \$40.00 (Checks made payable to: SANTA CLARA WOMAN'S CLUB)

SEND COMPLETED APPLICATION AND CHECK TO:

SANTA CLARA WOMAN'S CLUB
C/O MEMBERSHIP CHAIR
P. O. BOX 367
SANTA CLARA, CA 95052

SIGNATURE OF APPLICANT: _____ DATE: _____

(Membership begins on receipt of completed application and dues.)

SANTA CLARA WOMAN'S CLUB MEMBERSHIP CHAIR SECTION

INSTALLATION DATE: _____ CHAIR: _____