



FOLSOM WOMEN'S SERVICE CLUB

APPLICATION FOR MEMBERSHIP

Membership period: September 1 to August 31

Name _____

Address _____ City _____ Zip _____

Phone (____) ____ - _____

DOB: ____/____ (birth month and day only, e.g. 7/4 or July 4)

Email address:

Grid for email address input

Make checks payable to Folsom Women's Service Club. Mail to: P.O. Box 551, Folsom, California 95763-0551. For more info, see www.FolsomWSC.com or email FolsomWSC@yahoo.com

Included are my tax-deductible \$25 dues for one year __

Included are my tax-deductible \$15 dues for partial year (after February 1.) __

Note: All donations to our IRS recognized 501(c)(3) nonprofit organization are tax deductible.

Included is my tax-deductible donation in the amount of \$ _____

How did you hear about Folsom Women's Service Club? _____

What motivated you to seek membership? _____

Interest groups in which I may be interested in participating:

Crafters __ Book Lovers __ Garden Friends __ Bridge Buddies __

Volunteer activities:

Fund raising projects __

Food preparation or service __

Event planning __

Publicity or web development __

Program development __

Clerical __

Communications __

Other (specify) _____

Club Use Only:

Date Applied ____/____/____

Date Initiated ____/____/____

Comments: