APPLICATION FOR MEMBERSHIP

Membership period: September 1 to August 31

Name_____

Address_____

_____

City _____ Zip _____

Phone (_____) _____-_____

DOB: _____/_____ (birth month/ day only)

Email address:

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.)

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

_____

_____

Interest groups in which I may be interested in participating:

☐ Crafters ☐ Garden Foodies
☐ Book Lovers ☐ Bridge Buddies

Club Use Only:

Date Applied ____/___/___

Date Initiated ____/___/___