



Membership Application
Dues for June 2018 - May 2019: \$50.00

Name: _____ Spouse: _____

Address: _____

City: _____ Zip Code: _____ Date: _____

Phone: _____ Cell Phone: _____

Email address: _____

Birthday Month & Day _____ Occupation or Special Skills _____

How did you hear about CWC? _____

HOSPITALITY Please circle ONE:

YES ~ I am available to contribute tea sandwiches or desserts once during the year.

NO ~ I am not available to contribute tea sandwiches or desserts during the year.

Please check the committees you might like to serve on this year:

- | | |
|--------------------------|-------------------------------------|
| _____ Reception Comm. | _____ Fashion Show Luncheon |
| _____ Membership Comm. | _____ Sweet Seconds Sale & Luncheon |
| _____ Rentals Comm. | _____ Special Events |
| _____ Program Comm. | _____ Scholarship Fundraising |
| _____ Serve on the Board | |

NEW MEMBER

Print Name for Name Tag →

PREVIOUS MEMBER?

Yes _____ No _____

Please mail check and application to: CWC, P.O. Box 2674, Carmel, CA 93921

----- Below for Office Use -----
Payment: _____ Name Tag Ordered _____ Directory Sent _____