



Membership Application

Dues for June 2019 - May 2020: \$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 ~ I am available to contribute tea sandwiches or desserts once during the year **Please circle ONE: YES or NO**

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

- | | |
|---|--|
| <input type="checkbox"/> Reception Comm. | <input type="checkbox"/> Fashion Show Luncheon |
| <input type="checkbox"/> Membership Comm. | <input type="checkbox"/> Sweet Seconds Sale & Luncheon |
| <input type="checkbox"/> Rentals Comm. | <input type="checkbox"/> Special Events |
| <input type="checkbox"/> Program Comm. | <input type="checkbox"/> Scholarship Fundraising |
| <input type="checkbox"/> Serve on the Board | <input type="checkbox"/> Lobster Boil |

NEW MEMBER

Print Name for Name Tag →

PREVIOUS MEMBER?

Yes ___ No ___

I would love to add a tax deductible donation to the:
Scholarship Fund \$ _____ General Fund \$ _____

Check is enclosed Cash is enclosed Please charge my credit card (\$3 fee)

Card Number _____ Exp. _____ CVV _____

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

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