



## Membership Application

Dues for June 2021 - May 2022: \$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 help serve refreshments once during the year.

**Please circle ONE: YES or NO**

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

- \_\_\_\_\_ Membership Comm.
- \_\_\_\_\_ Reception Comm.
- \_\_\_\_\_ Rentals Comm.
- \_\_\_\_\_ Program Comm.
- \_\_\_\_\_ Serve on the Board

- \_\_\_\_\_ Fashion Show Luncheon
- \_\_\_\_\_ Fall Luncheon & Fundraiser
- \_\_\_\_\_ Special Events
- \_\_\_\_\_ Scholarship Fundraising

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 \_\_\_\_\_