



Membership Application

Annual Dues for June 1, 2022 - May 31, 2023: \$65.00

OR

Lifetime Membership: \$1,000.00

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 your preferences

I am available to contribute tea sandwiches or desserts once during the year: **YES or NO**

I am available to help pour tea or coffee once per year: **YES or NO**

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

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

NEW MEMBER

Print Name for Name Tag →

PREVIOUS MEMBER?

Yes No

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

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

Card Number _____ Exp. ____/____ CVV _____ ZipCode _____

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

----- Below for Office Use -----

Payment: _____ Name Tag Ordered _____ Directory Sent _____ ML email