



Membership Application

Annual Dues for June 1, 2023 - May 31, 2024: \$65.00

OR (please circle one)

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:

_____ Membership Comm.	_____ Fashion Show Luncheon	_____ Rentals Comm.
_____ Reception Comm.	_____ Fall Luncheon & Fundraiser	_____ Special Events
_____ Program Comm.	_____ Centennial Celebration	_____ Lobster Fest

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 _____ Zip Code _____

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