



Membership Application Form

Name: _____ Spouse: _____

Address: _____

City: _____ Zip Code: _____ Date: _____

Preferred Phone #: _____ Birthday Month & Day _____

Email address: _____

NEW MEMBER: Print name for Name Tag →

Dues for June 1, 2025 – May 31, 2026:

One Year Membership: \$75.00

Lifetime Membership: \$1,000.00

CENTENNIAL SPONSORSHIP : Yes, count me in as a Centennial Sponsor (100% tax deductible)

\$25,000 - Legacy

\$10,000 – Centennial

\$5,000 - Pioneer

\$2,500 – Heritage

\$1,000 – Milestone

\$500 – Empowerment

\$200 - Champion

\$100-Supporter

Other: \$ _____

I would like to **add** a tax deductible donation to:

Scholarship Endowed Fund \$ _____ General Fund \$ _____

Check is enclosed Cash is enclosed Please charge my credit card (2.5% 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