



## Woman's Club of Claremont

343 West Twelfth Street- Claremont CA 91711

909-621-7064

womansclubofclaremont@gmail.com

### Membership Registration

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell: \_\_\_\_\_ Home: \_\_\_\_\_

Email: \_\_\_\_\_ Birthday: \_\_\_\_\_

Preferred method of contact for Woman's Club notices: Email  Mail  Both

I am interested in serving on these committees:

Hospitality  Bunco for Breast Cancer  WCC Tea  Flower Show

Breakfast Event  Scholarship

Hobbies: \_\_\_\_\_

Please submit in person, or mail to our PO Box, this completed form along with payment of \$45 membership dues to finalize your registration. Yearly dues are to be paid every September for the upcoming year. We are excited to welcome you as a new member and look forward to a long and mutually beneficial relationship!

**Mail to: Woman's Club of Claremont- PO Box 153- Claremont CA 91711**

**Office Use Only:** Date Received \_\_\_\_\_ Date Dues Paid \_\_\_\_\_