

Woman's Club of Claremont

343 West 12th Street, Claremont, CA 91711

909-621-7064

Womansclubofclaremont@gmail.com

MEMBERSHIP REGISTRATION

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Home Phone: _____

Email: _____ Birthday: _____

Preferred method of contact for Woman's Club notices: Email _____ Text _____

I am interested in serving on these committees:

Hospitality _____ WCC Tea _____ Flower Show _____ Game Night _____

Breakfast event _____ Evening event _____ Scholarship _____

Hobbies & Interests _____

Please submit in person, or mail to our PO Box, this completed form along with payment (check made out to Woman's Club of Claremont) of \$50 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: _____