



MEMBERSHIP APPLICATION

Note: If completing this form online, please download and save the form to your desktop.

Please Print:

Name: _____ DOB: (M/D) _____
Address: _____ City: _____ Zip: _____
Telephone: _____ Cell: _____ Email: _____

Please check areas of interest:

Art Committee: _____ Book Club: _____ Comfort & Care Bundles: _____ Clothing for Homeless: _____
Flamingo Flocking: _____ History/Scrapbook: _____ Literacy 2 Love: _____ Mobile Shower: _____
Murder Mystery Dinner/Movie Night: _____ Sip & Paint: _____

How did you learn about WCH? _____

Your hobbies/interests: _____

Special training: _____

I, _____, as a member of the Women's Club of Hollister, will support the Club through my donation(s) or direct participation in one or more committees and will volunteer for special programs when able (i.e., Hollister Downtown Association, SBC Chamber, as members of WCH).

Signed: _____ Date: _____

Please return the form to WCH Membership at P.O. Box 818, Hollister, CA 95024, or email to info@womensclubofhollister.org.

Return form with a check payable to: Women's Club of Hollister for \$50 (includes one-time initiation of \$15, plus \$35 annual dues)

OFFICE USE ONLY:	
Copy w/check to Treasurer: _____	Dues Paid: \$ _____
Copy to Yearbook Chair: _____	Copy to: <u>Committees noted above</u>