

## GFWC- THE WOMAN'S CLUB OF INDIO

P.O. Box 1503 Indio, CA 92202-1503

P: 760.610.4240 or 760.668.7018 - www.womansclubofindio.org

## **MEMBERSHIP APPLICATION**

Year:	New l	Member:	Renewing Me	mber:
Name (please print):		Significant Other:		
Address:			City:	Zip:
Phone:		Cell:		Work:
E-mail:			Birth Month/Day	y:
Sponsored b	y:			
		rship Requireme	ents Annually	
	Comply with the WCI Bylaws			
2.	Volunteer and support WCI projects			
3. Allow use of my photo in news articles, newsletters, we				tc. for the
1	ourpose of reporting and	d promoting club	activities.	
4.	Maintain current annual	dues that are due	e by the May general c	lub meeting.
New	Membership: \$100 (	annual dues) +	\$25 (new member re	gistration)
	Renewing M	Membership: \$1	00 (annual dues)	
I	agree to comply with	the membershij	o requirements listed	l above.
Signature:			Date:	
Fax or mail t	to: GFWC – The Woma	an's Club of Indic	o – P.O. Box 1503, Inc	dio, CA 92202 or
email membe	rship team: <u>sens4ever@n</u>	nsn.com Irene or <u>m</u>	nreedesq@aol.com Mick	ie
		Office use onl	ly:	
Pavr	ment type: Cash	Check #	Date Processed	/

## Please fill out this optional page so that we may get better acquainted with you. What brought me to WCI was: My charitable areas of interest are: My talents and/or training include: My leisure activities and interests are: I would also like to say: