The Woman's Club of Clayton
Membership Application

First Name:			
Last Name:			
Address:			
City		Zip:	
Email:			
Home Phone:		Cell Phone:	
Birthday Month:		Day:	
Please tell us about yourself: occupation, interests, hobbies:			

All club members serve on one of five Community Service Programs [CSP]. Please place a 1 (first choice) and 2 (second choice) by the programs that interest you.

Arts & Culture	
Civic Engagement & Outreach	
Education & Libraries	
Environment	
Health & Wellness	

- New Member Dues for Current Calendar Year:
  - Day Meeting Members (includes lunch) Jan 1- June 30: **$85**; July 1 – Dec 31: **$45**
  - Night 'N' Gals (nighttime Zoom meeting) Jan 1- June 30: **$55**; July 1 – Dec 31: **$30**
- Please make checks payable to: *The Woman's Club of Clayton*
- Return application with dues payment to the 2nd Vice President or mail to PO Box 26, Clayton, NC 27528

WELCOME!

(For Use by Club Treasurer) Date Paid: _____