

The Woman's Club of Clayton Membership Application

First Name:		
Last Name:		
Spouse's Name:		_
Address:		
City:	Zip:	
Email:		
Birthday Month:	Day:	
Home phone:	Cell phone:	
(first choice) and 2 (second choice	five Community Service Programs [CS) by the programs that interest you.	· .
ARTS & CULTURE	EDUCATION & LIBRARIES	ENVIRONMENT
HEALTH & WELLNESS	CIVIC ENGAGEMENT & OUTREACH	
 joining March 1st – May 31 Membership Dues for Night \$30 prorated rate if joining 	t'n'Gals: \$55 due upon joining (<i>Meals I</i>	·

Welcome!

Return application with dues payment to the 2nd Vice President or mail to PO Box 26,

(For Use by Club Treasurer). Date Paid:

Clayton, NC 27528