



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.

<input type="checkbox"/>	Arts & Culture	<input type="checkbox"/>	Education & Libraries	<input type="checkbox"/>	Environment
<input type="checkbox"/>	Health & Wellness	<input type="checkbox"/>	Civic Engagement & Outreach		

- New Member Dues: Jan. 1-June 30 **\$55**; July 1 – December 31 **\$30**
- Additional payment for new members attending day meetings to cover cost of meals: Jan. 1-June 30 **\$30**; July 1 – December 31 **\$15**
- 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: _____