



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 EDUCATION & LIBRARIES ENVIRONMENT
HEALTH & WELLNESS 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**
- **(For Use by Club Treasurer) Date Paid: _____**