



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: _____

Please tell us about yourself: occupation, interests, hobbies:

All club members serve on one, of six, Community Service Programs. [CSP]

Please place a 1 and 2 by the programs that interests you.

ARTS & CULTURE EDUCATION & LIBRARIES ENVIRONMENT

HEALTH & WELLNESS CIVIC ENGAGEMENT & OUTREACH

- **Membership Dues: \$75 due upon joining** *[Meals Included]*
- **Membership Dues for Night'n'Gals: \$55 due upon joining** *[Meals not Included]*
- **Please make checks payable to The Woman's Club of Clayton.**
- **Date Paid:** _____
- **Return application to the 2nd Vice President or mail to PO Box 26, Clayton, NC 27528**