

THE WOMAN'S CLUB OF VISTA-NEW MEMBER APPLICATION

NAME: _____ JOINED DATE _____

HUSBAND'S NAME _____ DUES PAID _____

ADDRESS: _____

CITY: _____ ZIP _____

TELEPHONE: HOME: _____ CELL: _____ BIRTHDAY: _____ EMAIL: _____

MAGNET-BACK OR PIN-BACK ON YOUR NAMETAG? (MAGNETS DON'T GO WITH PACEMAKERS) _____ HAVE YOU PREVIOUSLY BELONGED TO A FEDERATED WOMAN'S CLUB? (Y/N) _____

CLUB NAME OR CITY _____ DURING YEARS _____

PLEASE LIST PERSONS AND PHONE NUMBERS TO NOTIFY IN CASE OF EMERGENCY:

"GETTING TO KNOW YOU" for NEW MEMBERS

Who invited you to join or how did you find out about The Woman's Club of Vista?

What are your interests and hobbies? _____

Tell us about your childhood and family, and where you lived and went to school. _____

Tell us about your own family. Married? Children? How long have you lived here? _____

Do you have a career? _____

How do you think you can best use your talents to enhance The Woman's Club of Vista? In what areas would you like to volunteer? In which charities are you interested? _____

\$\$\$ Please submit with your check for \$40 to The Woman's Club of Vista 2541 El Gavilan Ct Carlsbad CA \$\$\$