



ORANGEVALE WOMAN'S CLUB Orangevale, California APPLICATION FOR MEMBERSHIP

Name:			
Last		First	
Address:			
Street	City	Zip	
Home Phone:	Cell Phone:	:Contact Preference: Home Phone Cell Phone Email	
Email:	Birtr	h date and month:	
Emergency Contact:	Phone Num	nber:	
Talents, skills, communit	y interests you wish to share with the c	club's volunteer activities.	
	Article II b shall be to aid Civic and Philanthropic its members, and to extend the hand of	c work, promote education, interest, activity and f good fellowship to strangers."	
attended at least one reg		tion, in becoming an active member, and has for membership. Section 3. Every member ies and projects."	
I have read the above a	and agree with the objectives of the C	Orangevale Woman's Club.	
	Applicant Signature	Date	
	Membership Chairperson:		
Annual Dues: \$35.00		Date Dues paid:	
New Member:	Reinstatement:	Transfer:	