

San Diego Woman's Club 5173 Waring Road, #126 San Diego, California 92120



APPLICATION FOR MEMBERSHIP/CLUB SUPPORTER

First Name:	Last Name:	
Organization/Company:		
Name you would prefer to be called:		
Address:		Phone: hm (<u>)</u>
City:	Zip:	Cell Ph ()
E-mail:		
Birthday: Month Day		
Emergency Info		
1 st Emergency Contact Name:		Relationship:
Phone:		
		Relationship:
Phone:		
Physician Name:		Phone:
Medical Provider:		
	to all privileges, except making m	notions, voting and holding office.
How did you learn about the SDWC:		
available with my membership, which m	ay include: with Speakers and Entertainme ond Tuesday of Each Month ed Organization	San Diego Woman's Club activities which are ent – Third Tuesday of Each Month arities
What other activities would interest you	?	
Hobbies and Talents:		
Membership in other organizations:		
Signature:		Date
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