

BOARD OF DIRECTORS

President, **Barbara Matthews** 619-977-9450
 1st Vice President, **Barbara Gelink** 619-281-8962
 2nd Vice President, **Anita Lane** 619-390-0926
 Treasurer, **Joe Stevens** 619-315-7588
 Secretary, **Mary Burgert** 619-466-3508
 Director (Decorations), **Barbara Boren** 619-660-6680
 Director (At Large), **VACANT** ___-___-___
 Director (At Large), **VACANT** ___-___-___
 Director (At Large), **VACANT** ___-___-___

Membership Information: For Information on membership or **copies of the newsletter**, call:

Anita Lane at 619-390-0926

Thank you for your interest in joining WOW. We encourage you to get to know our WOW members by attending the walks, happy hours, or luncheons. You may attend two other activities without joining on a non-member basis. If you have any questions, call the Board Member of the Month on the 2nd page of the newsletter.



WOW MEMBERSHIP APPLICATION AND RENEWAL FORM

PLEASE PRINT - THANK YOU

LAST NAME: _____ FIRST NAME: _____

ADDRESS: _____

CITY: _____ ZIP: _____ PHONE: _____

BIRTHDAY & MONTH: _____ E-MAIL ADDRESS: _____

MEMBER OF ELKS _____ AMERICAN LEGION: _____ VFW: _____ OTHER: _____

HOW DID YOU HEAR ABOUT WOW? _____

I WOULD BE WILLING TO SERVE ON A COMMITTEE: YES _____ NO _____

✓ CHECK MEMBERSHIP

NEW: _____

RENEWAL: _____

MALE: _____

FEMALE: _____

✓ CHECK CHANGES

ADDRESS: _____

PHONE: _____

I hereby apply for membership in WOW of San Diego with the understanding that initial membership is restricted to widows or widowers. I hereby attest that I am a widow/widower and I agree to hold WOW of San Diego and its officers harmless from any liability arising from my participation. **(FOR NEW MEMBERS ONLY: PROOF OF STATUS IS REQUIRED PRIOR TO ACCEPTANCE AS A MEMBER. PLEASE ATTACH A COPY OF THE DEATH CERTIFICATE TO THIS APPLICATION WHEN APPLYING FOR MEMBERSHIP. The certificate will be returned.)**

I do _____ do not _____ give my permission to publish **ONLY** my name, telephone number, area where I live and zip code in the next newsletter and in the WOW Directory. (Please initial the appropriate space.)

SIGNED: _____ DATE: _____

MEMBERSHIP FEES AND DUES ARE \$30.00 PER YEAR. MAKE CHECK PAYABLE TO: **WOW of SAN DIEGO.**

NOTE: Mail completed membership application, membership fees and proof of status as a widow/widower to: **WOW of San Diego, P.O. Box 1271, Lakeside, CA 92040.**

If you have any question concerning completion of this application or WOW in general, call the membership person or any member of the Board of Directors.

OFFICE USE: Check # _____ Date: _____ Amount: _____ Member #: _____
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