



San Clemente Woman's Club Membership Form

Name: _____

Address: _____ City _____ Zip _____

Home Phone: _____ Cell Phone: _____

Email _____ Birthday (month and day) _____

Date: _____ Member Since: _____

How did you hear about us? _____

DUES: *Dues are paid annually. \$70.00/per year.*

Please make checks payable to SCWC and mail to:
San Clemente Woman's Club
P.O. Box 413
San Clemente, CA. 92672-0413

_____ **Active members (\$70):** Active members attend meetings (1st Tuesday of the month); sign up for a community service program and participate in club fundraisers and service projects.

_____ **Patrons (\$85):** Patrons are excused from the responsibilities of an active member, but are encouraged to support club fundraisers, and will not have voting privileges.

SCWC Community Service Programs: Please check the areas that you are interested in:

_____ **Arts and Culture:** Promotes appreciation of the arts, historical preservation and encourages understanding of the rich cultural diversity and history of our community.

_____ **Civic Engagement and Outreach:** Highlights and encourages citizenship, crime prevention, safety and disaster preparedness. Supports first responders, military and veterans.

_____ **Domestic and Sexual Violence Awareness and Prevention:** Promotes the education and awareness of.

_____ **Education and Libraries/Advocates for Children:** Supports education and literacy in our community. Provides scholarships for students and supports local schools and libraries.

_____ **Environment:** Encourages preservation of our natural resources, promote ocean water quality, recycling, protect wildlife and beautify our community.

_____ **Health and Wellness:** Creates awareness and advancement of our well- being; (nutrition, disease prevention, physical and emotional care)