Membership Application

First name: _____

Last name: _____

Address: _____

_____

Phone number(s): _____

_____

Email: _____

_____

Birth day/month: _____/_____
Day Month (no year)

Interests: _____

_____

Please fill out the application and write a $25.00 check payable to “Womens Westside Improvement Club.” Mail both to the WWIC treasurer found on our website:

www.PointRichmond.com/wwic

Or bring them to a meeting!