

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 \$20.00 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!