

BOARD OF DIRECTORS

Dottie Zoellner, President	619-582-5043
Nigal Miller, 1 st Vice President	619-283-0058
Hazel Conklin, 2 nd Vice President	619-632-2446
Joe Stevens, Treasurer	619-315-7588
Mary Burgert, Secretary	619-466-3508
Barbara Boren, Director	619-660-6680
Barbara Gelink, Director	619-281-8962
Gloria Chapman, Director	858-874-2343
Earl Oliver, Director	619-286-9440

Membership Information: For Information on membership or copies of the newsletter, call Nancy at 619-579-5930, or Darlee at 858-278-3884.

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 1st page of this newsletter.



WOW MEMBERSHIP APPLICATION AND RENEWAL FORM

PLEASE PRINT - THANK YOU

LAST NAME: _____ FIRST NAME: _____

CHECK MEMBERSHIP

ADDRESS: _____

NEW:	_____
RENEWAL:	_____
MALE:	_____
FEMALE:	_____

CITY: _____ ZIP: _____ PHONE: _____

BIRTHDAY & MONTH: _____ E-MAIL ADDRESS: _____

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

CHECK CHANGES

HOW DID YOU HEAR ABOUT WOW? _____

ADDRESS:	_____
PHONE:	_____

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

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 PAYABLE ON THE DATE AND YEAR NOTED UNDER YOUR NAME ON YOUR NEWSLETTER MAILING LABEL. 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 712275, San Diego, CA 92171.**

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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