



**Woman's Club of Fullerton (WCOF) - Application for Membership**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Best Phone Number \_\_\_\_\_ Birthday \_\_\_\_\_

Previous membership in Federated Club (yes/no) \_\_\_\_\_ If yes, Club name \_\_\_\_\_

What contributions of your time, talents, and/or treasures would you like to make? \_\_\_\_\_

How did you hear about WCOF? \_\_\_\_\_

Initial Membership Fee is \$65, which includes a WCOF name tag and pin. Make checks payable to the Woman's Club of Fullerton and send to: Woman's Club of Fullerton, PO Box 6054, Fullerton, CA 92834 or pay online at [www.womenscluboffullerton.org](http://www.womenscluboffullerton.org)