

**WOMEN'S CIVIC IMPROVEMENT CLUB OF SACRAMENTO, INC.**

3555 3<sup>rd</sup> Avenue, Sacramento, CA 95817  
Phone: (916) 451-8870 Fax: (916) 451-3862  
Website: [www.wcicinc.org](http://www.wcicinc.org)

**INDIVIDUAL/FAMILY MEMBERSHIP APPLICATION**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

**ANNUAL DUES**

*(Please check the box next to your selection)*

- Youth Membership (11 to 25 years old).....\$10.00
- General Membership .....\$50.00
- General Membership Senior Citizen .....\$25.00
- Family Membership .....\$75.00
- Life Membership .....\$500.00
- Gold Leaf Membership .....\$1,000.00

Receipt # \_\_\_\_\_

**Total Amount Paid: \$** \_\_\_\_\_

*(See Reverse Side for Installment Information)*

**COMMITTEES AND PROGRAM AREAS**

- |   |  |
|---|--|
| <input type="checkbox"/> Budget and Finance           | <input type="checkbox"/> Senior Activities   |
| <input type="checkbox"/> House, Buildings and Grounds | <input type="checkbox"/> Youth Programs      |
| <input type="checkbox"/> Membership                   | <input type="checkbox"/> Ways and Means      |
| <input type="checkbox"/> Personnel                    | <input type="checkbox"/> Other Specify Below |
| <input type="checkbox"/> Program/Strategy Planning    |  |

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date Signed**

*\*Please fill in application, attach a check or money order made payable to WCIC and return to the Women's Civic Improvement Club of Sacramento, Inc. at the above address.*

**Thanks for Your Support!**