

## Bonsall Woman's Club Application for Membership

Name _____	Spouse's Name _____
Address _____	City _____ Zip _____
Home Phone _____	Cell _____
Email _____	DOB (Day & Month) _____
Occupation & Interests _____	
_____	
_____	

***Please circle areas of interest in Bonsall Woman's Club:***

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| <p>Art Festival:    Art<br/>                      Crafts<br/>                      Photography<br/>                      Writing</p> <p>Conservation:    Adopt A Road<br/>                      Animal Protection</p> <p>Education:        Bonsall Unified School District<br/>                      Leadership<br/>                      Library Services<br/>                      Little Old Bonsall School<br/>                      House Restoration<br/>                      Scholarships<br/>                      Student of the Month</p> <p>Fundraising:     Christmas Luncheon<br/>                      Silent Auction<br/>                      Spring Event</p> <p>Home/Life:        Helping Hands/Sunshine<br/>                      Women's Health</p> | <p>Public Affairs:    Advocates for Children<br/>                      Citizenship<br/>                      Crime Prevention/Safety<br/>                      Legislation/Public Policy<br/>                      Military Support</p> <p>Special Projects: Domestic Violence Prevention<br/>                      Dress for Success</p> <p>Sections:         Antique Study Group<br/>                      Book Club<br/>                      Chorus<br/>                      Crafts<br/>                      Writers' Workshop</p> <p>Proposed Sections<br/>&amp; Activities:     Accounting/Finance<br/>                      Computer Skills<br/>                      Floral Design</p> <p>_____</p> <p>_____</p> <p>Other Help:        BWC History<br/>                      Newsletter<br/>                      Website<br/>                      Yearbook</p> |
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***I hereby apply for membership in the Bonsall Woman's Club and agree to abide by the bylaws and standing rules of the club.***

***Applicant's Signature:***

***Sponsor (if applicable)***

\_\_\_\_\_

Date

\_\_\_\_\_

*Please include your check in the amount of \$60 payable to BWC (\$50 annual membership fee, \$5 one-time badge fee and \$5 application fee). Mail to Phyllis Zenz, 3021 Skycrest Dr., Fallbrook, CA 92028.*