

LGWC Membership Application

P.O. Box 267, Purcellville, VA 20134

www.locust-grove.com/womens_club.html

Name _____ Miss Mrs. Ms.

Address _____

Phone _____

E-mail _____

Date _____ Locust Grove Resident Yes No

Renewal Yes No Charter member Yes No

Referred by _____

Non- Resident Please list sponsoring member or indicate that a sponsor is needed and one will be provided for you.

Sponsor Name _____ Sponsor needed _____

Birth Date (must be at least 21 years of age) Month _____ Date _____ Year _____

Interested in Leadership Role Check Here What role? _____

Family Information (optional) Husband's Name _____ Children & Ages _____

Dues \$25/per Club Year (Payable to Locust Grove Women's Club or LGWC)

General Waiver & Release I, _____, assume any risk, take full responsibility and waive any and all claims of personal injury relating to participation in activities run by or directly related to the Locust Grove Women's Club.

Signature _____ Date _____

LGWC Membership Payment Information

Member Name _____ Date _____

Incentive Plan/# of New Members _____ x \$5/member = \$ _____ credit toward 2006 membership fees

Amount Paid _____ Check # _____

New Member _____ or Renewal _____ Signature _____