

CALAVERAS NEIGHBORS AND NEWCOMERS CLUB

C/O Betty Smith

P.O. BOX 919, Valley Springs, CA 95252

MEMBERSHIP APPLICATION

Application Date _____ Paid (circle one) Cash Check# _____

(Make checks payable to Calaveras Neighbors and Newcomers Club and mail to address above).

(Check One) Member joining February -January (full year) (\$20.00) ____

Member joining August -January (half year) (\$10.00) ____

Name (please print) _____

Spouse's First Name _____

Address _____ City/ZIP _____

Preferred Mailing Address (if different) _____ CITY/ZIP _____

Phone # _____ Birthday (mo/day) _____

Cell Phone # _____ Email: _____

May we email you the monthly newsletter? Yes _____ No _____

(Check One) Calaveras Co. Local _____ Newcomer _____

If a newcomer, from where and when did you move to this area?

(city/state/year) _____

I am interested in knowing more about the following interest groups (check as many as you like):

- | | |
|--|---|
| <input type="checkbox"/> Mexican Train | <input type="checkbox"/> Cooking Group |
| <input type="checkbox"/> Tea Group | <input type="checkbox"/> Canasta |
| <input type="checkbox"/> Pinochle | <input type="checkbox"/> Gals on the Go |

Special Interests: (i.e., bunco, bridge, scrapbooking, sewing, hiking/walking)
