

WASHINGTON STATE CLUB OF SUN CITY WEST MEMBERSHIP APPLICATION

Membership: \$10.00 each

Name: _____

Phone Number: _____

Email Address: _____

Check one: New Member _____ or Renewal _____

Name of Wash. Hometown: _____

Name: _____

Phone Number: _____

Email Address: _____

Check one: New Member _____ or Renewal _____

Name of Wash. Hometown: _____

Arizona Address:

Street City Zip Code

Badges: \$10.00 each

Badge Name: _____ Magnet _____ or Pin _____

Spouse/Significant Name: _____ Magnet _____ or Pin _____
(We suggest that you order the Pin if you have a Pacemaker)

Please make check (**\$10 each for dues and \$10 each for badges**) payable to:
Washington State Club – SCW

Mail form and check to:
Washington State Club of SCW
P O Box 5303
Sun City West, AZ 85376

Would you like to be involved in the club as a volunteer?
Please check if interested: _____ Yes!

For more information, visit washstclub-scw.com

Office Use Only:

Check # _____

Receipt # _____

Amount: _____

WAIVER: The Washington State Club of Sun City West is not responsible for any injury, illness, accident, or unforeseen problems resulting from participating in any of the club events or trips.