



# UCSC WOMEN'S CLUB MEMBERSHIP APPLICATION

Membership Period: July 1 to June 30

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

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

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

\_\_\_\_ Renewal \_\_\_\_ New \_\_\_\_ I am interested in serving on the Board

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All Women's Club members will be listed in the annual Women's Club Directory.

Please check the box if you **do not** want specific information listed:

Address     Home Phone     Work Phone     Cell Phone     Email

.....

*Membership contributions fund the UCSC Women's Club's operating expenses and its annual scholarship program.*

**Enclosed is my membership contribution of:** (WCo01F)

\_\_\_\_\_ \$40 General \_\_\_\_\_ \$30 Senior (65+) \_\_\_\_\_ \$15 Student \_\_\_\_\_ \$300 Lifetime Membership

**\*\*Enclosed is an additional tax-deductible gift to the Rita Olsen Pister Endowed Scholarship for UCSC Re-Entry Students:** (WCo01ENDF)

\_\_\_\_\_ \$100 \_\_\_\_\_ \$50 \_\_\_\_\_ \$35 \_\_\_\_\_ \$25 \_\_\_\_\_ Other: \$ \_\_\_\_\_

Please bill my credit card: \_\_\_\_\_ Visa \_\_\_\_\_ Mastercard \_\_\_\_\_ Discover \_\_\_\_\_ Amex

Number \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Total amount to be charged: \_\_\_\_\_

Signature: \_\_\_\_\_

Credit Card Billing Address (if different from above) \_\_\_\_\_

**\*\*PLEASE MAKE YOUR CHECK PAYABLE TO: UC SANTA CRUZ FOUNDATION.**

*Thank You for Your Support of The UCSC Women's Club.*

Send this form to: UC Santa Cruz Women's Club  
University Relations – Gift Administration  
1156 High Street, Santa Cruz, CA 95064-1077

Questions? Call Kathy Rouhier at 831-459-1792