

UC SANTA CRUZ 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

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Membership contributions fund the UC Santa Cruz 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 UC Santa Cruz 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.