

WOW CLUB MEMBERSHIP APPLICATION
(Widows or Widowers Club)

Name _____

Address _____

City _____ State _____ ZIP _____

Email Address _____ Phone _____

Your Birth Month/Day _____ Sex _____ Date widowed _____

Late *Spouse's Full Name: _____

*Persons divorced from their spouse prior to that spouse's death are not considered widowed per WOW policy.

Please provide a CONTACT PERSON in case of an emergency:

Name _____ Phone _____

How did you hear about WOW? Were you referred by a current member? If so, who?

Check here if you wish to have your phone number omitted from the shared Membership Directory

Check here if you would be willing to serve on a committee or help with social functions in the future.

Please select preferred annual membership level:

\$50.00 I hereby wish to receive the monthly Newsletter via email (be sure to provide valid email address)

\$80.00 I hereby wish to receive the monthly newsletter by US mail

Make checks payable to "WOW" and submit completed application and payment to a monthly social gathering or mail to the address below. Include a self-addressed, stamped envelope if you wish to receive your membership card through the mail.

Mary Piekarski – Membership
S66W24310 Skyline Ave
Waukesha WI 53189

I hereby consent to my likeness appearing in photographs as I participate in social functions sanctioned by the Widow or Widowers Club. Further, I hold harmless, the Widows or Widowers Club, Board of Directors and hosts or hostesses from any and all alleged claims, demands, causes of action, liability, loss, damage and/or injury to property or person without limitation while involved in any and all activities and functions of the Widow or Widowers Club.

Signature

Date

8/9/2024