

Croatian American Women's Club

P.O. Box 86892, Los Angeles, CA 90086-0892

Email: contact.cawc@gmail.com

www.CroatianAmericanWomensClub.org



Adult Membership Form

Last Name: _____ First Name: _____

Spouse's Name: _____ Maiden Name: _____

Address: _____

City, State Zip: _____

Home phone: _____ Cell phone: _____

Email: _____

Birthday : Month _____ Day _____

I am Croatian _____ Spouse is Croatian _____

What area of Croatia/Bosna-Hercegovina are you and/or your spouse from? _____

Do you work outside of the home? _____ Occupation: _____

Any expertise or special talents? (Cooking, translating, medical services, etc.) _____

Activities and Interests: _____

What type of activities would you like this Women's Club participate in? _____

Referred/nominated by: _____

Applicant Signature: _____ Date: _____

I grant my expressed permission for CAWC to exhibit photographs or likeness of me. (no names will be published)

Please include \$25 Annual Dues for Adult Membership Paid by: Check # _____ Cash _____

Treasurer's Signature: _____ Date: _____