

**You can print out this form and fill it in or enter the information using your keyboard, then mail the printout to the address below.**

*Almaden Valley*  
WOMEN'S CLUB

**P.O. Box 20084, San Jose, CA 95160  
Membership Application**

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

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

Birthday (month/day): \_\_\_\_\_ Anniversary (month/day): \_\_\_\_\_

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

E-Mail: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Spouse's First & Last Name: \_\_\_\_\_

Names and Ages of Children:

\_\_\_\_\_  
\_\_\_\_\_

Children's Schools: \_\_\_\_\_

Hobbies & Interests: \_\_\_\_\_

Special Skills/Talents (Photography, Computer Skills, etc.):

\_\_\_\_\_  
\_\_\_\_\_

Other Community Organizations to which you belong and positions held past and present: \_\_\_\_\_

\_\_\_\_\_

Other Volunteer work you've done: \_\_\_\_\_

\_\_\_\_\_

How did you hear about AVWC? \_\_\_\_\_