



VALLEY WOMEN'S CLUB
APPLICATION/WAIVER OF CLAIM FORM

Name: _____ Date: _____

Street Address: _____

City: _____ Zip Code: _____

Phone with Area Code: (Home) _____ (Cell) _____

E-Mail: _____

Birthday: Month _____ Day: _____

Husband/Significant Other's Name: _____

How did you find out about Valley Women's Club? _____

What activities or events attracted you to the Club? _____

Dues (& Fees if applicable):

Annual Dues (renewable each calendar year) \$15.00 \$ _____

Name Tag (New Member and rep tags.) \$11.00 \$ _____

Print the name you want on your name tag _____

Name Tag: (for spouse/significant other) \$11.00 \$ _____

Print the name you want on the name tag _____

Total \$ _____

After completing this application, please include your check made out to: **Valley Women's Club**

Mail to:

Valley Women's Club
PO Box 50714
Henderson NV 89016

A signed "**VWC Waiver of Claim**" is also required for all **NEW** VWC members. Please include this waiver with your application.

Member information is confidential and is intended for non-commercial use by VWC members only.

**VALLEY WOMEN'S CLUB
WAIVER OF CLAIM**

As a member of Valley Women's Club (VWC), I hereby sign this Waiver of Claim releasing the Club and its officers from any and all liability when I, my significant other or guest, is involved in any sanctioned VWC function or activity.

This Waiver Form is a requirement for Club membership. Membership will be refused to any person not willing to sign this waiver.

Name (print): _____

Signature: _____

Date: _____

Please complete and return with your **VWC Membership Application** to:

Valley Women's Club
PO Box 50714
Henderson NV 89016

Member information is confidential and is intended for non-commercial use by VWC members only.