



**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, Children: \_\_\_\_\_

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 777905**  
**Henderson NV 89077**

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 777905  
Henderson NV 89077

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