WASHINGTON STATE CLUB OF SUN CITY WEST
2027 MEMBERSHIP APPLICATION

Annual Membership Fee: $10.00 each

1. Name: _____

Check one: New Member _____ or Renewal _____

Arizona Address: _____
Street City Zip Code

Phone Number: _____

Email Address: _____

Name of Wash. Hometown: _____

2. Name: _____

Check one: New Member _____ or Renewal _____

Phone Number: _____

Email Address: _____

Name of Wash. Hometown: _____

Badges: $10.00 each (We suggest that you order the Pin if you have a Pacemaker)

Badge Name: _____ Magnet _____ or Pin ____

Town on Badge: _____

Spouse/Significant Name: _____ Magnet _____ or Pin ____

Town on Badge: _____

Please make check payable to: **Washington State Club – SCW**

Mail form and check to:
Washington State Club of SCW
P O Box 5303
Sun City West, AZ 85376 (Yes, that is a "6")

Would you like to be involved in the club as a volunteer?
Please check if interested: _____Yes!

Office Use Only:

Check # _____

Receipt # _____

Amount: _____

For more information, visit washstclub-scw.com.

WAIVER: The Washington State Club of Sun City West is not responsible for any injury, illness, accident, or unforeseen problems resulting from participating in any of the club events or trips.

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