

WASHINGTON COUNTY CARES
MEMBERSHIP PROPOSAL FORM



Member Expectations:

1. Attend weekly meetings as often as possible
2. Keep current with dues
3. Support fundraising events
4. Join & actively participate in at least one club committee

I Propose for Membership:

Title: _____ Full Name: _____

Residential Address: _____

Business Address: _____

Preferred Address: [] Residential [] Business

Email Address (preferred): _____

Cell Phone Number (preferred): _____

Business Phone Number: _____

Home Phone Number: _____

Community Activities & Involvements: _____

Birthday (Month & Day only): _____

Shirt Size: _____

Name of Spouse/Partner (if applicable): _____

Sponsor's Name: _____ Date: _____

Sponsor's Signature: _____