

Santa Clara Women's League
Membership Renewal - \$20.00 per member for entire fiscal year from July to June
(\$10.00 if between January and June)

NAME(S): _____

ADDRESS: _____

APT./ UNIT # _____ CITY, STATE & ZIP: _____

TELEPHONE: _____ EMAIL: _____

I enclosed a payment of \$_____. Check number _____. Please do not send cash.

After completing this form, please mail to:
Membership Renewal, Santa Clara Women's League, P.O. Box 3033, Santa Clara, CA 95055-3033

-----Cut here and return-----