

# Widowed Persons Association of California, Inc.™, Inc. Sacramento Chapter #1

2628 El Camino Ave., Ste. D-18, Sacramento Chapter, #1 Sacramento, CA 95821-5936, (916) 972-9722  
Web Site: <http://www.sacwidowed.org>



*"A grief shared is a grief diminished"™*

## Membership Application

**NAME** \_\_\_\_\_ **BIRTHDATE:** \_\_\_/\_\_\_/\_\_\_  
First Middle Last Nickname (Badge)

**ADDRESS:** \_\_\_\_\_  
Street City State Zip Code

**PHONE:** ( ) \_\_\_\_\_ **CELL PHONE (optional)** ( ) \_\_\_\_\_

**FORMER MEMBER OF THIS CHAPTER, YES OR NO? IF YES, NAME:** \_\_\_\_\_

**HOW DID YOU LEARN OF WPAC™?** \_\_\_\_\_

### DEATH CERTIFICATE REQUIRED

**SPOUSE'S NAME** \_\_\_\_\_ **DATE OF DEATH:** \_\_\_/\_\_\_/\_\_\_

### I HAVE NOT REMARRIED SINCE THE DEATH

**Signature:** \_\_\_\_\_ **DATE:** \_\_\_/\_\_\_/\_\_\_

### EMERGENCY CONTACT

**NAME** \_\_\_\_\_ **RELATIONSHIP** \_\_\_\_\_

**PHONE ( )** \_\_\_\_\_ **ADDRESS:** \_\_\_\_\_  
Street City State Zip Code

**MY SKILLS** \_\_\_\_\_  
i.e., Office/Computer, WPAC Volunteer (Newsletter/Special Events/Fund-Raising)

**INTERESTS** \_\_\_\_\_  
i.e., Bowling/Billiards, Travel/Day Trips, Games/Cards, Dance/Exercise, Dining Out/Entertaining

**DUES:** Jan 1st through Dec. 31st: \$75.00 due by February 15th

**EMAIL ADDRESS** \_\_\_\_\_

**Chapter:** Sacramento No.# 1  
**Member Number:** \_\_\_\_\_

**Dues Amt:** \_\_\_\_\_ **Check #** \_\_\_\_\_  
**Date:** \_\_\_\_\_

### LIABILITY WAIVER

Attendance at any WPAC™ activity, or in conjunction with any such activity, is entirely voluntary. As such, attendance and/or participation constitutes accepting this waiver of any potential legal action for damages to persons or property.

This means attendance and/or participation waive all rights to bring a suit or claims against any of the WPAC™ groups, persons and/or the Widowed Persons Association of California,™, Inc.

### I have read this waiver:

**Signature** \_\_\_\_\_ **Date** \_\_\_/\_\_\_/\_\_\_

(Effective 1/8/2025)