

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)** (____) _____

EMAIL ADDRESS _____

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

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 3/1/2026)