

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

2628 El Camino Ave., Suite D-18 ,Sacramento Chapter, #1 Sacramento, CA 95821-5936 , Phone (916) 972-9722

Website: www.SACWidowed.org

Email: WPAC1@SACWidowed.org



"A grief shared is a grief diminished"™

Membership Application

NAME: _____ BIRTHDATE: ___ / ___ / _____

First Middle Last Nickname (Badge)

PHONE: _____ EMAIL ADDRESS: _____

ADDRESS: _____

Street City State Zip Code

FORMER MEMBER OF THIS CHAPTER, YES OR NO? IF YES, NAME: _____

HOW DID YOU LEARN OF WPAC™? _____

DEATH CERTIFICATE OR OBITUARY REQUIRED

SPOUSES'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

INTERESTS AND SKILLS

Please **Mark All the Boxes** that you are interested or have skills in below:

Bowling/Billiards Dance/Exercise Dine Out/Entertaining Fund Raising /Board Experience

Games/Cards Office/Computer Sports/Outdoor Activities Travel/Day Trips

Volunteer at WPAC-Newsletter Special events

DUES: Jan 1 TO Dec 31: \$120.00, can be paid \$80.00 in January and \$40.00 in July

DUES: July 1st through December 31st \$65.00

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: ___ / ___ / _____

DO NOT WRITE BELOW THIS LINE - FOR INTERNAL USE ONLY

Chapter: Sacramento No. 1

Dues AMT: _____ Check #: _____

Member Number: _____ Date: _____

(Rev.5/26/2021)