

**WASHINGTON STATE CLUB OF SUN CITY WEST
RENEWAL MEMBERSHIP APPLICATION**

Membership: \$10.00 each

Name:

Name:

Please make check payable to: **Washington State Club – SCW**

Mail form and check to:
**Washington State Club of SCW
P O Box 5303
Sun City West, AZ 85376 (yes, that is a “6”)**

Would you like to be involved in the club as a volunteer?
Please check if interested: _____ Yes!

For more information, visit washstclub-scw.com.

WAIVER: The Washington State Club of Sun City West is not responsible for any injury, illness, accident, or unforeseen problems resulting from participating in any of the club events or trips.

Office Use Only:
Check # _____
Receipt # _____
Amount: _____