WOMEN’S CIVIC IMPROVEMENT CLUB OF SACRAMENTO, INC.
3555 3rd Avenue, Sacramento, CA 95817
Phone: (916) 451-8870    Fax: (916) 451-3862
Website: www.wcicinc.org

ORGANIZATIONAL MEMBERSHIP APPLICATION

Name:_____________________________________
Address:_____________________________________
City:__________ State:______ Zip:_______
Phone: (   )_________    Fax: (   )_________

ANNUAL DUES
(Please check the box next to your selection)

☐ WCIC Associate-Annual receipts of $0 to $2,500,000.00………………$150.00
☐ WCIC Friend-Annual Receipts of $2,500,000.00 to $5,000,000.00………..$250.00
☐ WCIC Benefactor-Annual Receipts of $5,000,000.00 to $10,000,000.00…....$350.00
☐ WCIC Keeper-Annual Receipts of $10,000,000.00 up…………………………$500.00

Receipt # _______________    Total Amount Paid: $______________

If your organization has a preference as to where your donation should be used, please specify any program area(s) for your donation.

☐ House, Building and Grounds
☐ General operating Fund
☐ Senior Activities
☐ Youth Programs

Signature of Applicant ___________________________    Date Signed _____________

*Please fill in application, attach a check or money order made payable to WCIC and return to the Women’s Civic Improvement Club of Sacramento, Inc. at the above address.

Thanks for Your Support!