Widows or Widowers Club

MEMBERSHIP APPLICATION

Name _____

Address _____

City _____ State _____ ZIP_____

Email Address_____ Phone _____

Your Birth Month/Day _____ Sex _____ Date widowed _____

Late *Spouse's Full Name: _____
*Persons divorced from their spouse prior to that spouse's death are not considered widowed per WOW policy.

Please provide a CONTACT PERSON in case of an emergency:

Name _____ Phone _____

How did you hear about WOW? Were you referred by a current member? If so, who?

_____

- Check here if you wish to have your phone number omitted from the shared Membership Directory

  Check here if you would be willing to serve on a committee or help with social functions in the future.

Please select preferred annual membership level:

$50.00 I hereby wish to receive the monthly Newsletter via email (be sure to provide valid email)

$80.00 I hereby wish to receive the monthly newsletter by US mail

Make checks payable to "WOW" and submit completed application and payment to a monthly social gathering or mail to the address below. Include a self-addressed, stamped envelope if you wish to receive your membership card through the mail.

Pamela Roy – Membership
W197 N4950 Hickory St #270
Menomonee Falls, WI 53051

I hereby consent to my likeness appearing in photographs as I participate in social functions sanctioned by the Widow or Widowers Club. Further, I hold harmless, the Widows or Widowers Club, Board of Directors and hosts or hostesses from any and all alleged claims, demands, causes of action, liability, loss, damage and/or injury to property or person without limitation while involved in any and all activities and functions of the Widow or Widowers Club.

_____ _____
Signature Date

8/27/2025