

**Clark County Casting and Conservation Club
Women's Auxiliary
Application for Membership**



PLEASE PRINT CLEARLY

Today's Date: _____

Date of Birth: _____

Full Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: (Home) _____ (Mobile) _____

Email: _____

Referred by: _____

My signature below indicates that I am submitting my application for membership in the CCCC Club Women's Auxiliary, and that I agree to work toward the best interest of the organization, and abide by the rules of membership and by-laws of the organization. I submit my \$35.00 application fee with this application*. I further understand that the annual membership renewal fee of \$25.00 must be remitted by February 1st of each following year in order to remain a member in good standing.

Signature of Applicant: _____

Mission Statement:

The mission of Clark County Casting and Conservation Club Women's Auxiliary is to support the men's club in efforts of higher development of conservation as well as to enhance the positive quality of individuals and families in our community, and assist each other in the attainment of sisterhood.

*In the event that this application is declined by member vote, application fee is refunded.