SONTERRA
WOMEN'S ASSOCIATION

Membership Form

Check One

☐ New Member ☐ Renewing Member ☐ Directory Update

☐ I hereby opt-in to receive emails from Sonterra Women's Association

Today's Date: _____

Name: _____

Spouse/Partner: _____

Club Membership Number: _____

Home Address: _____

City: _____ State: _____ ZIP: _____

Email: _____

Home Phone: _____

Cell Phone: _____

Birthday Month: _____ Day: _____

Add my information and photo to the SWA Directory Online & Print version ☐ **YES** ☐ **NO**

Electronic Signature: _____ Date: _____

EMAIL COMPLETED FORM

SWA

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