



**CHARBONNEAU WOMEN'S ASSOCIATION**

*Creating an atmosphere of camaraderie, fun, and educational opportunities for our members.*

**CHARBONNEAU WOMEN'S ASSOCIATION**

**2024-2025 APPLICATION/REGISTRATION FORM**

**Returning member**

**New member**

I would like a Big Sister to help get acquainted.

**The CWA events are the 2<sup>nd</sup> Monday of each month September through May.**

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip code \_\_\_\_\_

Cell phone \_\_\_\_\_ Home phone \_\_\_\_\_

Email (*please print clearly*) \_\_\_\_\_

**Membership Dues: \$30.00—September 1<sup>st</sup> through August 31<sup>st</sup>.**  
Guests/Visitors may attend two meetings during the year prior to membership.

**Place check (payable to CWA) and form in CCC drop box @ Activity Center  
or mail to Lindy Anderson @ 7005 SW Country View Ct, Wilsonville, OR 97070**

I would be interested in volunteering to help when possible

What topics would you enjoy for our monthly events? \_\_\_\_\_

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