

Contact Membership Chair, Bobbi Bixby 562-673-1250 or Bea Valverde 760-731-4898, with any questions regarding membership.
This form should be used to indicate any changes, additions or corrections to the current roster.

FALLBROOK ENCORE CLUB MEMBERSHIP APPLICATION OR RENEWAL FORM
\$30 dues - Membership Year July 1st to June 30th
Membership includes Spouse/Partner

PLEASE PRINT ALL INFORMATION CLEARLY

TODAY'S DATE _____ NEW RENEWAL CHANGE

NAME _____ SPOUSE/PARTNER _____

ADDRESS _____

PHONE - HOME _____ CELL _____ BIRTHDAY (MM/DD) ____/____

EMAIL _____ NAME TAG \$7.00

WHAT WAS YOUR OCCUPATION OR SPECIAL TALENTS? _____

INTERESTED IN CHAIRING ANY ACTIVITIES? PLEASE SPECIFY _____

COMPLETE AND RETURN FORM WITH CHECK FOR \$30.00 (additional \$7.00 for name tag)
FALLBROOK ENCORE CLUB
PO BOX 1233, FALLBROOK, CA 92088