



WOMEN'S CIVIC LEAGUE

— *of* ST. CLAIR SHORES, MICHIGAN —

MEMBERSHIP APPLICATION

Name _____

Address _____ St. Clair Shores, MI (zip) _____

Telephone _____ Email _____

Signature _____ Date _____

New membership Renewal

Make check payable to: Women's Civic League of Saint Clair Shores

Mail to: Women's Civic League of Saint Clair Shores
P.O. Box 573
St. Clair Shores, MI 48080