

# CLCA San Francisco Bay Area Chapter Women's Auxiliary Application

Name \_\_\_\_\_

Significant Other's Name \_\_\_\_\_

Company Affiliation \_\_\_\_\_

Company Address \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Birthday (Day/Month) \_\_\_\_\_ Email \_\_\_\_\_

Send with payment of \$25 to:  
CLCA SFBA Women's Auxiliary  
c/o Lesley Peters, Treasurer  
185 Del Monte Ave.,  
Los Altos CA 94022-1270  
Phone (650)941-4093.