

**CARLSBAD NEWCOMERS CLUB  
MEMBERSHIP FORM 2020-2021**

The CARLSBAD NEWCOMERS CLUB membership year begins June 1 and ends May 31.

Renewal dues are payable from June 1 to June 30 of the current year. New members are accepted all year.

**Dues are \$25 per year, or \$12.50 for those first-time members joining January-May.**

**An additional fee of \$10 (\$5 for Jan-May) is due for those who want printed newsletters sent by USPS.**

Please **mail this signed and completed form, and a check payable to Carlsbad Newcomers Club** to:

NEWCOMERS MEMBERSHIP, c/o Joanne Shields, P.O. Box 1953, Carlsbad, CA 92018

Questions? JoanneShields2@gmail.com or 301-467-0025

**MEMBERSHIP INFORMATION** Please print LEGIBLY or use an address label.

Please check:  Renewal  New Member

NAME \_\_\_\_\_ PARTNER'S NAME \_\_\_\_\_  
(As you would like it to appear in the directory)

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

PREFERRED PHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_  
(Indicate whether cell or home)

DATE OF BIRTH Month \_\_\_\_\_ Day \_\_\_\_\_ RECENTLY RELOCATED FROM \_\_\_\_\_

**PLEASE SEND MY NEWSLETTER (check one only)**

By email (no additional cost to the membership fee of \$25)

By USPS (an additional \$10 annually/\$5 for those joining Jan-May to cover postage and printing)

*The current newsletter is also available on the website at [www.carlsbadnewcomers.org](http://www.carlsbadnewcomers.org)*

**By signing below, you agree to the following:** "I agree to hold Carlsbad Newcomers, its successors, and assignees, harmless from all damages and all costs and fees in the defense, thereof, as results of any injury or damage to the member or member's property. My presence at Newcomers events is my valid consent to be photographed, to assign image rights to the Club and authorize its distribution to media outlets without limit."

Signature \_\_\_\_\_ Date \_\_\_\_\_

Yes, I want to volunteer my time to help the club with its activities.

**THIS COMPLETED FORM MUST ACCOMPANY YOUR CHECK FOR MEMBERSHIP.**

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FOR OFFICE USE ONLY: CHECK # \_\_\_\_\_ Amount \_\_\_\_\_ Check date \_\_\_\_\_ Cash \_\_\_\_\_ N \_\_\_\_\_ D \_\_\_\_\_