

Membership Form

Trilogy at Vistancia Women's Club (TAVWC) welcomes all women in Trilogy to join. You may join at any time. Membership dues are \$25.00 for New Members and thereafter \$15.00 yearly renewal. For more information about our club, visit <https://members.mytrilogylife.com/clubs/173>

Please complete all sections and mail this form with your check made out to **TVAWC**.

Rosemary Podwin

Membership

**29482 N Tarragona Dr. Peoria, AZ
85383**

Last Name _____ First Name _____

Trilogy Address _____

Hometown and State _____

Home Phone _____ Cell Phone _____

E-mail address _____

Alternate E-Mail address _____

Birthday _____

All members are required to have a name tag which is included in the initial membership fee. Legible print your first name and hometown and/or state as you would like it to appear on your new magnetic TAVWC Name Tag.

First Name _____ Hometown and/or State _____

Official use Only: Date _____ Cash _____ Check Amt. _____ Initials _____

Roster Updated _____ Name Tag _____
