



Las Candalistas, Inc.  
P.O. Box 3655  
Palos Verdes Peninsula, CA 90274

# Membership Application

Name	
Street Address	
City, Zip	
Home Phone	
Work Phone	
Cell Phone	
E-Mail Address	
Birth Month and Day	
Place of Birth	
Length of Residency in South Bay	
Name of Spouse	
Children, ages	
Have you been to our events?	

Why would you like to join Las Candalistas? \_\_\_\_\_  
\_\_\_\_\_

Are you employed? Yes No  
Full or Part Time? \_\_\_\_\_  
Employer \_\_\_\_\_

Indicate which volunteer areas interest you. Some of these include:  
\_\_\_ Administration    \_\_\_ Event Planning    \_\_\_ Fundraising    \_\_\_ Baking    \_\_\_ Cooking  
\_\_\_ Cooking    \_\_\_ Crafts    \_\_\_ Sewing    \_\_\_ Table Decorating  
\_\_\_ Ambience    \_\_\_ Newsletter production    \_\_\_ Flowers/Plants

Summarize special skills you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Membership in Las Candalistas requires active participation of a minimum of 3 years. This includes, but is not limited to: attending monthly meetings, chairing a committee, and supporting other committees with your attendance.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*Thank you for your interest in Las Candalistas!*