

LA CAÑADA THURSDAY CLUB
Recommendation for Membership

CANDIDATE'S NAME _____
SPOUSE'S NAME _____
EMAIL _____
STREET ADDRESS _____
CITY/ZIP _____
HOME PHONE _____
CELL PHONE _____
BIRTHDAY (MM/DD/YYYY) _____
OCCUPATION _____

CLUB ACTIVITIES OF INTEREST:

- DEBUTANTE PROGRAM **2025 (Membership deadline 6/01/24)**
- BRIDGE
- CONTEMPORARY INTERESTS
- BOOK CLUB
- PHILANTHROPY
- MAHJONG
- COMMUNITY RELATIONS
- EVENING SOCIALS
- EVENT PLANNING

OTHER CLUB AFFILIATIONS AND/OR BOARD POSITIONS

DO YOU HAVE ANY SKILLS OR TRAINING THAT YOU THINK WOULD BENEFIT THE CLUB?

CHILDREN AT HOME (SONS AND DAUGHTERS) AND/OR NIECES OR GRANDDAUGHTERS
ELIGIBLE FOR THE DEBUTANTE PROGRAM

Name	M/F	School	Grade

I understand and respect the rules and traditions of the La Cañada Thursday Club.

CANDIDATE'S SIGNATURE _____ DATE _____

SPONSOR #1

NAME _____

How long have you known this person? _____

How did you meet the potential new member? _____

Why do you believe this person would make a good Thursday Club member?

I UNDERSTAND THAT I WILL GUIDE AND SUPPORT THIS NEW THURSDAY CLUB MEMBER.

SPONSOR SIGNATURE _____ DATE _____

SPONSOR #2

NAME _____

How long have you known this person? _____

How did you meet the potential new member? _____

Why do you believe this person would make a good Thursday Club member?

I UNDERSTAND THAT I WILL GUIDE AND SUPPORT THIS NEW THURSDAY CLUB MEMBER.

SPONSOR SIGNATURE _____ DATE _____

MAIL THE COMPLETED FORM, ALONG WITH YOUR CHECK TO:

Jody Platisa, Membership Chair
4331 Chula Senda Lane
La Cañada, CA 91011

FOR QUESTIONS CONTACT JODY PLATISA AT jodyplatisa@gmail.com

*This form is also available online at www.lacanadathrusdayclub.org