

GFWC CALIFORNIA FEDERATION OF WOMEN'S CLUBS

ESO PROGRAM - PLEDGE APPLICATION

Please complete the requested member info and submit to your club ESO chair (if none, then please submit to your District ESO chair). This form will be used to track your progress as an ESO participant through the various achievement levels.

Member Name _____
Address _____
City _____ State _____ Zip Code _____
E-mail _____
Phone _____
Club _____ District _____

I hereby agree to pursue the goals of ESO and to participate in ESO programs.

Signed _____ Date _____

ACHIEVEMENTS

	Date	ID assigned	By
MEMBER			
STAR			
TORCH			
CENTURY 1			
CENTURY 2			
CENTURY 3			
CENTURY 4			
CENTURY 5			
CENTURY 6			
CENTURY 7			
CENTURY 8			
CENTURY 9			
DIAMOND			