

GFWC Santa Rosa Woman's Club
SRWC FRIENDS Membership Application

Date _____

Name _____ Husband's Name _____

Address _____ Phone _____

E-mail address _____ Cell phone _____

Birth Date (Month and Day only) _____

Are you employed? _____ If so, where? _____

Children _____ Names _____

Other Affiliations _____

Favorite Hobbies, Interests, Sports, etc.

Why do you want to join this club?

Based on your above answer, how do you feel that the Club can best serve you and you can best serve the club?

You will be expected to actively participate in the Club's annual fundraiser and participate in Club meetings when time allows and at least one of the Club's ongoing service projects. Just a few of these include Gulf Breeze Hospital, Weekend Food Program, Sports Ability Games, halo making workshops, and paper hat making at Gulf Breeze Celebrates the Arts. Each year there are others chosen by the membership.

Please feel free to add any comments which might help us know a little more about you and your interests and work areas.

Lastly, some of our members have dietary restrictions such as allergies to shell-fish or being vegetarians. Please state if a food restriction does exist so we can take that into account when planning lunch menus: _____

Applicant's Signature _____

Sponsor's Signature _____