

GFWC SANTA ROSA WOMAN'S CLUB MEMBERSHIP APPLICATION



MEMBER INFORMATION:

Name:

Address: _____ City _____ State _____ Zip _____

Home Phone: _____	Mobile Phone: _____	Month and Day of Birth: _____ / _____
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E-Mail Address: _____

COMMUNITY SERVICE

How did you become aware of GFWC Santa Rosa Woman's Club?

How would you like to help us serve our community?

Previous GWFC Memberships: Please list years with previous clubs: Leadership Roles Held:	Month/Year Initiated into GFWC:
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Other Clubs / Associations / Memberships:

Leadership Roles Held:

BACKGROUND & INTERESTS

Occupation: _____	Company (optional): _____
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Spouse/Significant Other Name: _____

Ways I can participate / contribute / areas that interest me:

Arts	Homelessness/Hunger	Organizing Volunteer Opportunities
Book Club	Information Technology	Photography
Bookkeeping / Budgets	International Support	Public Issues
Conservation & Environment	Internet Research	Public Relations
Cooking & Sewing	Leadership	Public Speaking
Domestic Violence Prevention	Meeting Greeter	Social Media
Education	M/S Office	Website Design
Grant Writing	Newsletter	Writing
Healthy Lifestyles	Note Taking	Youth in Foster Care

Others (Hobbies): _____

SIGNATURE

Annual membership dues are \$55.00 payable to Santa Rosa Woman's Club.

I give GFWC Santa Rosa Woman's Club permission to distribute this information among its membership and to GFWC FL & GFWC.

Allergies: No Yes

Member Signature: _____

Date: _____

Sponsor Signature: _____