



CORAL GABLES WOMAN'S CLUB

MEMBERSHIP APPLICATION

Membership Fee: \$60.00 upon acceptance to the Club

Date: _____ Name: _____

Email: _____

Address: _____

Phone: cell _____ Home _____

Best time to call _____ Birthday _____

Occupation _____

Address _____

How did you find out about the GFWC Coral Gables Woman's Club? _____ Friend

_____ Facebook _____ Website _____ Event _____ Member's Name

Why would you like to join our Club? _____

What are your expectations in joining the Club? _____

Have you ever belonged to a GFWC club? If So When _____ Where _____

From the list below, please choose 1st, 2nd, or 3rd preference for Community Service Projects:

Arts & Culture _____ Civic Engagement & Outreach _____ Education & Libraries _____

Environment _____ Health & Wellness _____

Membership dues \$60.00 received on _____ Check # _____ Cash _____ Credit Card _____

I acknowledge receipt of the Coral Gables Woman's Club Bylaws, Standing Club & Clubhouse Rules

x _____

Second Vice President / Membership Chair: Donna Myrill
phone: 516-435-6885 email: donna.myrill@gmail.com