



MEMBERSHIP APPLICATION

Membership Fee: \$60.00 upon acceptance to the Club

Date: _____ Name: _____

Email: _____

Home Address: _____

Cell # _____ Work/Home # _____

Best time to call _____ Birthday _____

Occupation _____

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

Social Media _____ Web search _____ Event _____ Friend, who? _____

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 _____ Communications & Publicity _____ Civic Engagement & Outreach _____

Education & Libraries _____ Environment _____ Fundraising _____ Health & Wellness _____

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

x _____

Second Vice President / Membership Chair: Kim Davison

phone: 305-778-6116 email: kdavi@mac.com

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