



Please make checks payable to: "GFWC RWWC Inc"

Date: Month _____ Day _____ Year _____

Cash _____ Chk # _____

GFWC Rotonda West Woman's Club, Inc. Membership Application (Please Print)

NAME: _____ PHONE: _____

ADDRESS: _____ CITY: _____

ZIP: _____ E-Mail: _____

Emergency Contact Name: _____ Emergency Contact # _____

HELP US LEARN MORE ABOUT YOU: BIRTHDAY: Month _____ Day _____

YOUR OCCUPATIONAL BACKGROUND / SKILLS: _____

GFWC Clubs to which you have belonged: _____ Years _____

Location _____ Positions Held: _____

HAVE YOU SERVED IN THE MILITARY? YES ___ NO ___ If so, which branch? _____ # of Years: _____

PLEASE CHECK THE COMMUNITY SERVICE PROGRAMS (CSP) YOU ARE INTERESTED IN (Check as many as you like):

Arts & Culture CSP _____ Civic Engagement & Outreach CSP _____

Education & Libraries CSP _____ Environment CSP _____ Health & Wellness CSP _____

OTHER AREAS OF INTEREST: Publicity _____ Crafting _____ Fundraising _____

Membership _____ Tonettes (singing) _____

Sewing _____ Hospitality _____ ESO (Book Club) _____ Knitting _____

How did you hear about our club? Newspaper _____ Welcome to Rotonda _____

Club Member (please print name) _____ Other _____

ARE YOU A FULL TIME RESIDENT Yes ___ No ___ If part time, what months are you here? _____

SPONSOR (or who invited you) _____

I give GFWC Rotonda West Woman's Club (RWWC) permission to distribute this information among its membership and to GFWC FL & GFWC.

SIGNATURE: _____ DATE: _____