

MEMBERSHIP APPLICATION

Email this completed application form to the
Membership Chairperson: WCS.GFWC@gmail.com

Date: _____

Name: _____

Address: _____

Phone Number: _____

Email Address: _____

Birthday: _____

Emergency Contact Information: _____

Hobbies, Special Interests, Talents: _____

Mark one or more of the Committees/Departments you are interested in:

- Signature Program Resources (Domestic Violence Awareness)
- Arts and Culture
- Civic Engagement and Outreach
- Educations and Libraries
- Environment
- Health and Wellness
- Communications and Public Relations
- Fund Raising and Development
- Finance
- Leadership
- Legislation and Public Policy
- Membership
- Women's History and Resource Center/Club Institute
- Hospitality
- Good Cheer

To submit this form:

- 1) Complete by filling fields, saving document then emailing as an attachment ***OR***
- 2) Print this page, complete manually, then scan / photograph and email as an attachment.