



# GFWC Space Coast Woman's Club, Inc.



## Membership Application

Name: \_\_\_\_\_

Nickname (will be on nametag) \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Preferred Phone #: \_\_\_\_\_  Cell  Home

Email Address: \_\_\_\_\_

Birthday (MM/DD): \_\_\_\_\_ # of years as GFWC member: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

### Areas of interest: (check all that apply)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Art & Culture                                 | <input type="checkbox"/> Civic Engagement            | <input type="checkbox"/> Education & Libraries             |
| <input type="checkbox"/> Environment                                   | <input type="checkbox"/> Health & Wellness           | <input type="checkbox"/> Membership                        |
| <input type="checkbox"/> Fundraising                                   | <input type="checkbox"/> Legislation/Public Policy   | <input type="checkbox"/> Publicity/Social Media/Newsletter |
| <input type="checkbox"/> Domestic Violence/Human Trafficking Awareness | <input type="checkbox"/> GFWC FL President's Project |  |

**Other club/organizational memberships:**

**Do you have any special skills or education that you wish to share?**

I understand that by signing below and paying \$53.00 (\$23.00 GFWC/GFWC dues + \$30.00 club dues), I am a member of GFWC Space Coast Woman's Club, Inc., pending approval by the club's Board of Directors. As a member I agree to attend membership meetings, participate in club activities, and support the club through volunteer service and with monetary and/or in-kind donations.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Return completed form and check for \$53.00 to:** GFWC Space Coast Woman's Club, Inc.  
8101 Stonecrest Drive / Viera, FL 32940

1st Meeting: \_\_\_\_\_ Other event: \_\_\_\_\_ Orientation: \_\_\_\_\_ Board Vote: \_\_\_\_\_  Approved  Denied  
 Welcome letter sent  Name tag ordered