**GFWC CORAL SPRINGS WOMAN’S CLUB** 

**Membership Application/Renewal Form**

Please complete this form and return it to the membership chairman with your check payable to GFWC Coral Springs

Woman’s Club. Applications and checks will be accepted at general meetings or may be mailed to Carol Johnson at

8833NW 28th Drive, Unit #3, Coral Springs, FL 33065.

Your application and check must be received by May 15th for your information to be included in the club yearbook.

**MEMBERSHIP DUES SCHEDULE**

# Membership Type Date of Application Dues Payable

New Member April 1 – December 31 $ 45

New Member January 1 – March 31 $ 22

Active Member-Renewal Payable by April 30 $ 45

Associate Member-Renewal Payable by April 30 $ 55

I hereby apply for New Membership/Renewal of Membership. (Circle the appropriate membership status.)

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Husband’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Month and Day of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City and Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Year Joining/Year Joined\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home State: \_\_\_\_\_\_\_\_\_\_\_\_ Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Article III-Membership, Section 2. c Active Members:

1. shall pay the active membership dues.
2. shall support fund-raising projects during the club year.
3. shall serve on at least one Community Service Program (CSP) during the club year.

**PLEASE VOLUNTEER FOR ONE OR MORE OF THESE CSPs, ADDING YOUR 1st, 2nd or 3rd CHOICES**

\_\_\_\_Arts and Culture \_\_\_\_Environment \_\_\_\_Education and Libraries

\_\_\_\_Health and Wellness \_\_\_\_Civic Engagement and Outreach

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **For Treasurer’s Use**:

Check No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Revised April 2024