# GFWC Space Coast Woman's Club, Inc.

## Membership Application

Name: _____

Nickname: _____

Address: _____

City: _____ Zip Code: _____

Preferred Phone #: _____ ☐ Cell ☐ Home

Email Address: _____

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

Spouse/Partner Name: _____

Emergency Contact: _____ Phone: _____

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

☐ Art & Culture ☐ Civic Engagement ☐ Education & Libraries ☐ GFWC FL President's Project

☐ Environment ☐ Health & Wellness ☐ Membership ☐ Fundraising

☐ Legislation/Public Policy ☐ Publicity/Social Media/Newsletter ☐ Domestic Violence Awareness

**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 **$68.00** ($23.00 GFWC/GFWC dues + $30.00 club dues + $15.00 nametag fee), 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 volun-teer service and with monetary and/or in-kind donations.

Signed: _____ Date: _____

**Email Application to:**
gfwcspacecoast@gmail.com
**Payment can be made by:**
**Zelle:** susan.musil@mac.com **-OR-**
**Mail check** made out to *GFWC Space Coast Woman's Club* to:
8101 Stonecrest Drive; Viera, FL 32940

**Nametag Information**

**Name you would like on your nametag:**

_____

Per our club's Standing Rules, members are required to wear their Club name badge at official club events and while participating in volunteer service on behalf of the club.

Board Use Only

1st Meeting: _____ Other event: _____ Orientation: _____ Board Review: _____

☐ Welcome letter sent ☐ Name tag ordered

Version 2.1 9/25