

GFWC TampaBay Woman's Club

Membership Application

"Artists of Kindness...Painting Dreams, creating Hope"



Contact

Information: (Please print)

Name: _____ Phone # _____ Home or Cell

Address: _____

HOA? _____

Email Address: _____

Birthdate and State: _____

Husband/Significant Other: _____ Anniversary Date: _____

Talents, Strengths & Hobbies:

Retired? ____ Career before retirement:

What other organizations do you belong to?

What are your expectations in joining GFWC TampaBay Woman's Club?

***Dues for the GFWC TampaBay Woman's Club are \$35**

Please make your check **payable to:** GFWC TampaBay Woman's Club & attach to this application

Return to: Sharon Grace, Membership Chairman (813)220-2716 10420 Chatuge Dr.

Dues: Date: _____ Cash _____ Check # _____ Accepted by _____

