

MEMBERSHIP APPLICATION
GFWC FLORENCE WOMAN'S CLUB
231 N. Willow St. - PO Box 1506
Florence, AZ 85132

Telephone: 520-868-8197 - Email: fwcreserve@gmail.com



PLEASE PRINT:

Last Name: _____ First Name: _____ Birthday: _____

Street Address: _____ (full-time) _____ (part-time) _____

PO Box: _____ City/Town: _____ State: _____ Zip Code: _____

Phone: Home _____ Cell _____ Email _____

Preferred Contact: () Cell () Home Phone () Email () Text

Work Status:

() Employed () Retired Current/Previous Occupation(s) or Profession: _____

Other Organizations Affiliations/Offices Held (Present & Past):

What talents/hobbies do you want to use to benefit the Florence Woman's Club?

Please check which of the following Committees you would enjoy serving on: () Budget & Finance
() House/Building () Legislation () Membership () Program () Publicity () Fundraising

\$35.00 DUES MUST ACCOMPANY THIS APPLICATION ---Check made payable to: **Florence Woman's Club**. Mail to **PO Box 1506, Florence, AZ 85132**. Dues include membership in Florence Woman's Club (FWC), General Federation of Women's Clubs (GFWC) and the General Federation of Women's Clubs – Arizona (GFWC-AZ).

Applicant Signature: _____ Date: _____

Sponsoring Member: _____ Date: _____

Received By: _____ Date: _____

Shelley Robinson, 2nd VP, Membership Chairman

**The Members of Florence Woman's Club
Welcome All Prospective Members and Guests**

**Meetings are 2nd Thursday of the month, 5:30 PM Social
Hour and 6:00 PM Business Meeting. No sponsor
necessary to visit.**

Board Use Only

Dues received by: _____

Sent to Board Members: _____

Board Review Date: _____

Response letter sent by: _____ on ____ - ____ - ____