**Application for Membership**

**THE GFWC WOMAN’S CLUB OF CHEVY CHASE, MD, INC.**

**7931 Connecticut Avenue, Chevy Chase, MD 20815-5922**

PHONE 301-652-8480 EMAIL [info@wcccmaryland.org](mailto:info@wcccmaryland.org) WEB PAGE [www.wcccmaryland.org](http://www.wcccmaryland.org)

**WCCC - *W*omen *C*aring for *C*lub and *C*ommunity**

Gloria Crowley, Membership Chair 301-351-7773; [glowormtwo@gmail.com](mailto:glowormtwo@gmail.com)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name:** | |  | | Click or tap here to enter text. | | | | | | | | | | | | | | | | | **Spouse’s Name:** | | |  | | | Click to enter text. |
| **Address:** | | |  | | Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | |
| **City/State/Zip:** | | | | | | |  | Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | |
| **Home Phone:** | | | | | | phone | | | | | | | **Cell Phone:** | | | | phone | | | | | **Email Address:** | | Click to enter text. | | | |
| **Date of Application:** | | | | | | | | | |  | | Select date. | | | | | | | | | | | | | | | |
| **Name of WCCC member who referred you if applicable:** | | | | | | | | | | | | | | | | | | |  | Click or tap here to enter text. | | | | | | | |
| **Tell us about yourself:** | | | | | | | | | | | Click or tap here to enter text. | | | | | | | | | | | | | | | | |
| Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Please include your first year’s dues\* with this application / Amount Enclosed: \_\_\_\_\_\_\_\_\_\_**  **\*First Year: $15 per mo. X number of months until June 1. Thereafter $175/yr.** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Pleaseat least TWO areas of interest / Member asked to *participate in one General Meeting annually* | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Art | | | | | | | | | Clubhouse & Grounds | | | | | | | | | Fundraisers | | | | | | | | Community Services | |
| Bridge | | | | | | | | | Heritage Preservation | | | | | | | | | Music Section | | | | | | | | Literature Section | |
| Scholarships | | | | | | | | | Annual Art Show | | | | | | | | | Hospitality | | | | | | | | Friday Night Potluck | |
| Education | | | | | | | | | Boutique | | | | | | | | | French Section | | | | | | | | International Affairs | |
| Evening Committee “Night Owls” Section | | | | | | | | | | | | | | | | | | Communications | | | | | | | | Garden Section | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| [A picture containing graphical user interface  Description automatically generated](https://www.paypal.com/donate?hosted_button_id=K3XUFM5AJVP38)A member of the membership committee will contact you upon receipt of your application and your payment to the WCCC for $15/month up until 6/30/22. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |  |  | | | | | | | | | | | |
| **Name of Emergency Contact for Member:** | | | | | | | | | | | | | | |  | Click or tap here to enter text. | | | | | | | | | | | |
| Home: | Enter phone | | | | | | | | | | | | | Cell: | | Enter phone | | | | | | | Work: | | Enter phone | | |