

GFWC WOMAN'S CLUB OF DEERFIELD BEACH

Membership Application

Please Print

Date _____

Full Name: _____

Address _____

City _____ State _____ ZipCode _____

Home Phone: _____ Cell Phone: _____

E-Mail _____

Birth Date (month) _____ (day) _____ Year-round resident? Yes ___ No ___

If no, please list your alternate address _____

Interests/Hobbies _____

Previous Club Experience _____

Present/Past Profession _____

Sponsored By: _____ Sponsor Phone#: _____

How would you prefer to be contacted for meeting notices and club information?

Select one: Phone _____ or E-mail _____

Completed application with \$40 check for membership dues payable to **Woman's Club - Deerfield Beach** can be mailed to:

Eleanore De Boo
253 NW 42nd Way
Deerfield Beach, FL 33442
Phone: 973-626-5538

By Laws are available on website www.dbwc.org

Monthly newsletters are sent out via email however are available by regular US mail for \$12 annually.

TO BE COMPLETED BY BOARD MEMBER

Date of Board Meeting Presented for Approval: _____

Approved YES NO

Form of Payment Received _____

Date Sponsor Notified _____

Welcome Package Provided By: _____

Date: _____