



MEMBERSHIP APPLICATION

Membership Fee: \$110.00 upon acceptance to the Club

Date:	Na	ame:				
Email:						
Cell #	Work/Home #					
Best time to call	time to call Birthday					
Occupation						
How did you find or	ut about the GFW0	C Coral Gables	Woman's Club? _			
Social Media	_ Web search	Event	Friend, who?			
Why would you like	e to join our Club?					
What are your expectations in joining the Club?						
			nen			
From the list below	, please choose 1s	t, 2 nd , or 3 rd pre	eference for Commu	ınity Service Proje	ects:	
Arts & Culture Communications & Publicity Civic Engagement & Outreach						
Education & Librari	ies Enviro	onment	Fundraising	Health & Wellr	ness	
I acknowledge receipt of the Coral Gables Woman's Club Bylaws, Standing Club& Clubhouse Rules						
x		_				
Second Vice President / Membership Chair: Kristina Jackson phone: 786-210-3761 email: kristinajacksoncg@gmail.com						
Membership due	es \$110.00 receive	ed on	Check # _	Cash	Credit Card	