DORAL WEST DADE WOMAN'S CLUB

MEMBERSHIP APPLICATION

APPLICANT INFORMATION

Date:	**Full name:**
Email:	**Cell phone:**
Home address:	**Home phone:**
Best time to call:	**Birthday:**
Occupation:	
Business address (if applicable):	

GETTING TO KNOW YOU

How did you learn about the Club?

☐ Friend ☐ Facebook ☐ Website ☐ Event ☐ Other: _____

Member's name (if applicable): _____

Why would you like to join our Club?

_____

_____

What are your expectations of joining the Club?

_____

_____

Have you ever belonged to a GFWC club? ☐ No ☐ Yes

When: _____

Where: _____

COMMUNITY SERVICE INTERESTS

Please rank your 1st, 2nd, and 3rd preferences:

Arts & Culture Rank: ____	**Civic Engagement & Outreach Rank: ____**	**Education & Libraries Rank: ____**	**Environment Rank: ____**	**Health & Wellness Rank: ____**

FOR CLUB USE & ACKNOWLEDGMENT

Membership dues of $115.00 received on: _____ Check #: _____ ☐ Cash ☐ Credit Card

I acknowledge receipt of the Doral West Dade Woman's Club Bylaws, Standing Club & Clubhouse Rules.

Applicant signature: _____

Print Name: _____

Date: _____