

GFWC FLORIDA FEDERATION OF  
WOMAN'S CLUB  
NEW CLUB APPLICATION FOR  
MEMBERSHIP

Official Name of Club (As listed in bylaws) \_\_\_\_\_

District #\_\_ Number of Club Members \_\_\_\_\_ Date \_\_\_\_\_

Name and Address of Club President:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Home Phone:** \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Do you own a clubhouse? \_\_ If not, where do you meet? \_\_\_\_\_

Address of clubhouse: \_\_\_\_\_

Day and time of meetings: \_\_\_\_\_

When does your club meet (First Monday, September - May inclusive)?

Will the president and any members be able to attend the state meeting when your club will be voted into FFWC membership? \_\_\_\_\_