

**General Federation of Women's Club**

[www.gfwc.org](http://www.gfwc.org)

**GFWC Lamoille Women's Club**

P.O. Box 281426

Lamoille, Nevada 89828

[www.lamoillewomansclub.org](http://www.lamoillewomansclub.org)

New/Returning Members Application

Name (Print)

Spouse's Names (If Appropriate)

Physical and Mailing Address

Secondary Address

Home Phone:

Cell Phone:

Email

Birthday (Month/Day)

How did you hear about the Club?

Special talents or interests

I wish to become a member of the GFWC Lamoille Women's Club and will support the activities and projects to the best of my ability.

Signature

Date

**Dues are \$30.00** (Submit with application) Dues are paid on or before **September 30<sup>th</sup>** for all members.

**Official Actions:**

**Membership:**

- Added to mailing list and Club Membership Booklet
- Initiation and orientation scheduled
- New Member Packet:
- GFWC Brochure: LWC Brochure
- Club Membership Booklet and Name Tag

**Application copies to:**

- President
- Treasurer/with dues
- Sunshine Committee
- Secretary/for attendance roster/welcome letter
- Membership Chair

List medical information

Medical allergies:

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Food allergies:

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Drug allergies:

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Bees or insect allergies:

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List contact name: \_\_\_\_\_ Phone # \_\_\_\_\_

