



Woman's Club of New Tampa. Inc.
Member Application

We are delighted that you are interested in joining our club. If you would like to attend a meeting to obtain more information before joining please contact us at womansclubnewtampa@gmail.com.

Date: _____

Name: _____

Address: _____

Neighborhood (ie, Arbor Greene, Hunter's Green): _____

Birthday: _____ Spouse/Significant Other's Name: _____

E-mail Address: _____

Phone #'s Cell: _____ Home: _____

How did you hear about our club? (Friend, website): _____

Optional:

Is there an organization with whom you have an existing relationship that would benefit from our volunteer service? _____

Do you have experience/skills that you are willing to share with our club?

- _____ Social media/web design & maintenance
- _____ Fundraising
- _____ Other

Our club year runs August - May
Meetings are the first Thursday of the month at 1:00pm
at the Arbor Greene Clubhouse, 18000 Arbor Greene Dr.
Membership Dues are \$75/year.

If you are ready to join and start making a difference in your community, please bring this application and check payable to GFWC WCNT to our next meeting or mail to:

GFWC Woman's Club of New Tampa, Inc.
PO Box 46043, Tampa, FL. 33646
Attention: Treasurer