



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 please see below for dates & time. If you would like more information before joining please contact us at womansclubnewtampa@gmail.com

Date: _____

Name: _____

Address: _____

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

E-mail Address: _____

Phone #'s Cell: _____ Home: _____

How did you hear about our club?

- Member/Friend (Name: _____)
- Website
- Instagram
- Facebook
- Neighborhood newsletter
- Other _____

Please include skills and other important contributions that you can share with GFWC WCNT.

Select as many areas that you are interested in. If other, please describe.

- Social media/web design & maintenance
- Fundraising
- Marketing & PR
- Arts/Craft
- Financial Skills
- Photography
- Other _____

Our club year runs August - May. Meetings are the third Wednesday of the month at 1:00pm, doors open at 12:30pm for hands on activity, in the Arbor Greene Clubhouse, 18000 Arbor Greene Dr. See our website <https://gfwcwomansclubnewtampa.com> for latest information.

Membership Dues are \$75/year. ESO Bi-Monthly Book Club is a one time fee of \$5.

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
Att: Treasurers**

_____ Please check here if you do not wish to have your information published in our directory