



GFWC WCNT Outline - Membership

Annual Projects & Programs:

1. **General Meeting Themes:** Budget \$200 -Chair_____
2. **New Members Recruitment:** Budget \$100-Chair_____
3. **Recognizing Members Accomplishments:** Budget \$100 – Chair-_____
4. **Notes of Encouragement/ Sympathy/ Birthday Wishes (Sunshine Committee)-** Budget \$300 – Chair_____
5. **Elevator Speech-**Budget \$0-Chair_____

Awareness Month or Day & Topic:

Speaker Month

Potential Speakers if you have contact information, please include it:

Event Recommendations (Previously made by members – include in new ideas if you are planning to implement in 2024/2025)

1. Advertising locally- Arbor Greene Newsletter

Event Ideas:

1. Idea: _____ Chair(s) _____
Date (Month) _____ GFWC Budget _____ Theme/ Awareness _____

Project Type (all that apply):

- | | | | |
|---|---|--|-------------------------------------|
| <input type="checkbox"/> Monetary (GFWC) | <input type="checkbox"/> Monetary (Member) | <input type="checkbox"/> Guest Speaker | <input type="checkbox"/> Collection |
| <input type="checkbox"/> Hands on Activity (HOA) | <input type="checkbox"/> In-kind Donation (GFWC) | <input type="checkbox"/> In-Kind Donation (Member) | <input type="checkbox"/> Baskets |
| <input type="checkbox"/> Walks for Causes | <input type="checkbox"/> Volunteerism | <input type="checkbox"/> Scholarship | |
| <input type="checkbox"/> Awareness Post and/or Blog | <input type="checkbox"/> Attending a conference or speaker_____ | | |
| <input type="checkbox"/> Other | | | |

Additional Description:

Add to Calendar of Events: Date _____ Time _____ Location _____

2. Idea: _____ Chair(s) _____
Date (Month) _____ GFWC Budget _____ Theme/ Awareness _____

Project Type (all that apply):

- | | | | |
|---|---|--|-------------------------------------|
| <input type="checkbox"/> Monetary (GFWC) | <input type="checkbox"/> Monetary (Member) | <input type="checkbox"/> Guest Speaker | <input type="checkbox"/> Collection |
| <input type="checkbox"/> Hands on Activity (HOA) | <input type="checkbox"/> In-kind Donation (GFWC) | <input type="checkbox"/> In-Kind Donation (Member) | <input type="checkbox"/> Baskets |
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| <input type="checkbox"/> Awareness Post and/or Blog | <input type="checkbox"/> Attending a conference or speaker_____ | | |
| <input type="checkbox"/> Other | | | |

Additional Description:

Add to Calendar of Events: Date _____ Time _____ Location _____

3. Idea: _____ Chair(s) _____

Date (Month) _____ GFWC Budget _____ Theme/ Awareness _____

Project Type (all that apply):

- | | | | |
|---|--|--|-------------------------------------|
| <input type="checkbox"/> Monetary (GFWC) | <input type="checkbox"/> Monetary (Member) | <input type="checkbox"/> Guest Speaker | <input type="checkbox"/> Collection |
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| <input type="checkbox"/> Awareness Post and/or Blog | <input type="checkbox"/> Attending a conference or speaker _____ | | |
| <input type="checkbox"/> Other | | | |

Additional Description:

Add to Calendar of Events: Date _____ Time _____ Location _____

Outline Sheet must be submitted no later than **June 30th** for budget purposes to WomansClubNewTampa@gmail.com. In title write: **GFWC WCNT Membership**.

Submitted by: _____ Date _____

Leadership Team Review:

Budget Recorded - Treasurer _____ Date _____

Event Recorded on Calendar of Events VP - Program _____ Date _____