APPICATION FOR MEMBERSHIP

to the

GFWC WOMAN'S CLUB OF INVERNESS

1715 Forest Drive, Inverness, FL 34453

Name_____
Last **First** **Middle**

Date_____

Address_____

City/State/Zip_____

Sponsored by_____

Birthday_____ **Husband's name**_____

Phone: _____

Email_____

Applicant's
Signature_____

If application is made between Sept. and Dec., a check for $45 for membership dues should be attached. If application is between Jan. and Apr, a check for $45 will be for full year until next May of the following year and should be attached. Checks should be made out to GFWC Woman's Club of Inverness.