



The Woman's Club of Vista



GFWC
est. 1890
**GENERAL FEDERATION
OF WOMEN'S CLUBS**
CALIFORNIA

Membership Application

Name _____

Address _____

City _____ State _____ Zip _____

Phone: Cell _____ Best time to call: Day Evening Weekend

Email _____

Birthday (Month and Day) _____

Which event(s) are you most interested in? Day meeting Evening meeting Both Not sure

Name Badge Preference: Pin-Back Magnet-Back (not for pacemakers)

Tell us about yourself (please continue on back): _____

Circle the opportunities you are interested in:

Animals
Arts
Autism
Book Club
Domestic Violence
Children's Advocacy
Civic Engagement

Philanthropic/Service Interests:

Community Clinic
Education and Library
Environment
Food Insecurity
Gardens
Health and Wellness
Hiking/Walking

Homelessness
Human Trafficking
Scholarships
Special Needs
Veterans
Other: _____

Accounting
Computer Skills
Crafts
Event Planning
Fundraising
Gardening

Skills You Can Share:

Grant Writing
Graphic Arts
Leadership
Networking
Public Relations

Sewing
Social Media
Videographer
Writing
Other: _____

I give permission to WCV-GFWC to publish photographs of me anywhere: Yes No

I agree to abide by the By-Laws and Standing Rules of The Woman's Club of Vista GFWC.

Applicant's Signature _____ Date _____

Please send this completed form with your check for \$50 to The Woman's Club of Vista GFWC, P.O. Box 91, Vista, CA 92085. Questions? Email WCVistaMembership@gmail.com.