



The Woman's Club of Vista



GFWC
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**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:

Philanthropic/Service Interests:

Animals	Community Clinic	Homelessness
Arts	Education and Library	Human Trafficking
Autism	Environment	Scholarships
Book Club	Food Insecurity	Special Needs
Domestic Violence	Gardens	Veterans
Children's Advocacy	Health and Wellness	Other: _____
Civic Engagement	Hiking/Walking	_____

Skills You Can Share:

Accounting	Grant Writing	Sewing
Computer Skills	Graphic Arts	Social Media
Crafts	Leadership	Videographer
Event Planning	Networking	Writing
Fundraising	Public Relations	Other: _____
Gardening		_____

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 \$70 to The Woman's Club of Vista GFWC, P.O. Box 91, Vista, CA 92085. Questions? Email WCVistaMembership@gmail.com.

The Woman's Club of Vista GFWC is a 501(c)(3) organization.