

MEMBERSHIP

YEARLY APPLICATION

Membership Year: April 1st to March 31st

Activity Year: October 1st to May 31st

Please complete the application and give it (or mail) to the Treasurer along with your check for **\$25.00** – 1 Year Dues - made payable to:

“The Women’s Club of the Retreat”

Name: _____

Address: _____

Seasonal Address: _____

Phone/Cell: H: _____ Cell: _____ Seasonal: _____

Email: _____

Birthday: (Month/Day) Month: _____ Day _____

The above information will be included in the Women’s Club of the Retreat Annual Directory

New Member / Renewal (circle one) Do you need a name tag? Yes ___ No ___

Please give (or mail) Application & Check to Treasurer: Fran Spaulding
 9184 SE Hawks Nest Ct
 Hobe Sound, FL. 33455

Do you have a business you would like listed in the Women’s Club Directory?

Name of Business: _____ Product or Service: _____

Committees and Sub-Committees of the Women’s Club include:

Membership		Outside Events	
Welcoming Committee		Crafts/Activities (50-50)	
Refreshments		House of Hope/Charity	
Communications		Programming for Meetings	
Outside Luncheons		Summer Activities	

Please check any area(s) you might be interested in becoming more involved.

Thanks so much!