**GFWC CLARKSVILLE WOMEN’S CLUB**

Membership Application Form

**Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, am interested in becoming a member of the GFWC Clarksville Women’s Club. I understand the objective of the Club is to promote the civic, charitable, literary, cultural, and educational interests of Clarksville and its surrounding communities operating as a non-profit association within the guidelines of Section 501C3 of the IRS Code. This club promotes the service tradition of the General Federation of Women’s Clubs (GFWC) to which it belongs.

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Street Address City State Zip

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 Preferred Telephone Email Address

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 Date of Birth (MM/DD) Signature Date

**Dues:** I agree to pay $40 annual dues to activate and maintain my membership status and voting privileges in the GFWC Clarksville Women’s Club

Payment: (Choose One) \_\_\_\_\_\_\_\_\_Online \_\_\_\_\_\_\_\_\_Check \_\_\_\_\_\_\_\_\_Cash

**Interests Inventory:** Please indicate one or more of the following Community Service Teams that you would be interested in working and focusing on.

\_\_\_\_\_ Arts & Culture \_\_\_\_\_ Conservation & Environment

\_\_\_\_\_ Education and Libraries \_\_\_\_\_ Health and Wellness

\_\_\_\_\_ Civic Engagement \_\_\_\_\_ Domestic Violence Awareness

\_\_\_\_\_ Child Advocacy

**Skills and Talents:** Please share any special knowledge, skills, aptitudes, talents, and background (including military service) that you have that may support the Club and its community service efforts.

**Submission:** Submit this form, accompanied by your annual dues payment if applicable to:

GFWC Clarksville Women’s Club, ATTN: Membership, PO Box 30471, Clarksville, TN  30740 OR email to gfwcclarksvilleWC@gmail.com OR you can apply online through our website at

**www.gfwcclarksvillewomensclub.com**