

The Women's Club of the Retreat
MEMBERSHIP APPLICATION

Date: _____

2020-2021 SEASON

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: _____

Birthdate: (Month/Day) Month: _____ Day _____

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

This information will be included in the Women's Club of the Retreat Annual Directory

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	
Sunshine to Members		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!