



*GFWC Historic Brooksville Woman's Club  
131 S. Main St, Brooksville, FL 34601*

*Membership Application*

*Name \_\_\_\_\_ Date \_\_\_\_\_ Sponsor name \_\_\_\_\_*

*Mailing Address \_\_\_\_\_*

*City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_*

*Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_*

*Email Address \_\_\_\_\_*

*Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year (Optional) \_\_\_\_\_*

*Number of years in Florida \_\_\_\_\_ Hometown \_\_\_\_\_*

*Tell us about yourself: interests, skills, education, talents, etc.*

\_\_\_\_\_  
\_\_\_\_\_

*In case of emergency, please notify:*

*Name: \_\_\_\_\_*

*Phone Number: \_\_\_\_\_*

*Annual Member.....\$46.00*

*Non-active members \$25 + \$46 = \$71.00*

*Mail your applications to:*

*Membership Chair  
GFWC Historic Brooksville Woman's Club  
131 S. Main Street  
Brooksville, 34601*

**\*\*\*\* Please do not send a check. Dues will be collected after the Board accepts your application.**