WOMAN'S CLUB
of CASSELBERRY

Clubhouse: 251 Overbrook Drive, Casselberry, FL 32707
Mailing Address: P.O. Box 180021, Casselberry, FL 32718-0021
Phone: 407-695-0042
www.womansclubofcasselberry.com
info@womansclubofcasselberry.com

Membership Application

Welcome to The Woman's Club of Casselberry, Inc.

We are thrilled that you have decided to join our club. We are a group of dynamic women who gather to socialize, build friendships and give back to our local community. As a member, you'll be encouraged to volunteer as much as your personal time allows as you to assist in fundraising opportunities. We also host our monthly Luncheon. Our luncheons are the 1st Tuesday of each month, 11:30 am – 1:00 pm, from October thru June. May Luncheon is off site. The cost is $15.00 per person and $18.00 per guest, which includes a catered lunch and special program.

The qualifications for membership and the manner of admission shall be as follows: Any woman desiring to join the Woman's Club of Casselberry must complete an application and be approved by the Membership Committee. Membership shall begin upon payment of dues that shall be $25.00 annually. The membership year shall begin May 1st and dues shall be payable as of that date. Dues not paid by June 30th will result in name being deleted from the Yearbook.

To join The Woman's Club of Casselberry, Inc., please complete the application below.

A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE (800-435-7352) WITHIN THE STATE. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE.

Detach along the dotted line   **Detach along the dotted line**

Name: _____**Phone:** _____

Address: _____

E-mail: _____ **Birthday:** _____

Special Interests: _____
I would like to help with:
Social Events, Fundraising, Membership, Treasurer, Programs, Philanthropic, Catering, Yearbook, Historian, Publicity, Corresponding Sec., Recording Sec. Vice President, Sunshine Building, Manager

Official Use only
Date:_____ Amount Paid _____ Pmt Method ___ Rcvd by_____