



Forsyth County Women's Club

forsythcountywomensclub.net

MEMBERSHIP FORM

Today's Date: _____ Circle: *New Member /
Renewing Member*

Name _____

Address _____

City _____ Zip _____

Cell Phone _____ Home Phone _____

Email _____

Subdivision/Neighborhood _____

Month and Day of birth _____

Spouse/Significant Other _____

Interests _____

How did you hear about FCWC? Friend ___ Web ___ Newspaper ___ Special Event ___ Other ___

I am interested in a leadership position ___ I am interested in leading or co-leading an Interest Group ___

PRIVACY / NON-SOLICITATION POLICY

_____ (Please initial.) I understand that the FCWC Roster and Newsletter contains private and confidential information provided for the exclusive use of Forsyth County Women's Club members, and is solely for use by the FCWC for Club business only. The use of any information contained in the roster, newsletter, or other Club publication is specifically and expressly **prohibited**, except for Club business only. Each member has the right to expect a "non-solicitation" and a "non-political" environment.

Membership Fee is \$55 for a full year (June 1st-May 31st.) New members applying from January 1 to May 30th will pay a prorated rate of \$28 for that first half-year of membership, then pay \$55/year afterwards.

Prospective members must be a resident of Forsyth County, which will be confirmed by your address.

Membership includes a monthly Newsletter via email, an online Membership Roster, and information about FCWC Interest Groups and Events. **Postage fees will be added if you require postal delivery of any Club materials.**

Complete this form and mail it, along with your dues check made out to FCWC, to: FCWC Membership, P.O. Box 1097, Cumming, GA, 30040.

Questions? Email ForsythCountyWomensClub@gmail.com

FOR COMMITTEE USE ONLY:

Date received _____ Amount paid _____ Check # _____ Cash _____