Forsyth County Women's Club

forsythcountywomensclub.net

MEMBERSHIP FORM

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

Name _____
Name for Name Badge _____
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 $45 for a full year (June 1st-May 31st.) 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 .

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 _____

Form revised June 2025