

# GFWC BITTERROOT WOMAN'S CLUB MEMBERSHIP APPLICATION



## MEMBER INFORMATION: (THIS INFO WILL GO IN OUR MEMEBER DIRECTORY)

Name:

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone:	Mobile Phone:	Month and Day of Birth: /
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E-Mail Address:

## COMMUNITY SERVICE

How did you become aware of GFWC Bitterroot Woman's Club and why did you decide to join?

Who should we contact in case of emergency (Name & Phone number)?

Previous GWFC Memberships: Please list years with previous clubs: Leadership Roles Held:	Year Initiated into GFWC:
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Other Clubs / Associations / Memberships:

Leadership Roles Held:

## BACKGROUND & INTERESTS

Occupation:	Company (optional):
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Spouse/Significant Other Name:

**Ways I can participate / contribute / areas that interest me:** (circle as many as apply)

Arts	Homelessness/Hunger	Organizing Volunteer Opportunities
Book Club/ESO	Information Technology	Photography
Bookkeeping / Budgets	International Support	Public Issues
Conservation & Environment	Internet Research	Public Relations
Cooking & Sewing	Leadership	Public Speaking
Domestic Violence Prevention	Meeting Greeter/Hostess	Social Media
Education	M/S Office	Website Design
Grant Writing	Newsletter	Writing
Healthy Lifestyles	Note Taking	Youth in Foster Care

Others (please list):

## SIGNATURE

You may sign me up for GFWC News & Notes, GFWC Clubwoman, and club newsletter

You may sign me up for GFWC Legislative Action Center Updates

I give Bitterroot Woman's Club permission to distribute this information among its membership and to GFWC MT & GFWC.

Signature:	Date:
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**Annual membership dues \$35**  
**Please send to Linda Stephani, 795 Bowman Road, Hamilton, MT 59840**

***Please let us know which hobbies you enjoy!***

<input type="checkbox"/>	Acrylic painting	<input type="checkbox"/>	Cooking	<input type="checkbox"/>	Geocaching	<input type="checkbox"/>	Meditation	<input type="checkbox"/>	Snowshoeing
<input type="checkbox"/>	Acting	<input type="checkbox"/>	Couponing	<input type="checkbox"/>	Golf	<input type="checkbox"/>	Meteorology	<input type="checkbox"/>	Sports
<input type="checkbox"/>	Amateur Radio	<input type="checkbox"/>	Crafts	<input type="checkbox"/>	Guitar	<input type="checkbox"/>	Mountain climbing	<input type="checkbox"/>	Storm Chasing
<input type="checkbox"/>	Archery	<input type="checkbox"/>	Crocheting	<input type="checkbox"/>	Hiking	<input type="checkbox"/>	Mushroom Hunting	<input type="checkbox"/>	Swimming
<input type="checkbox"/>	Art	<input type="checkbox"/>	Cross Stitch	<input type="checkbox"/>	Hockey	<input type="checkbox"/>	Musical Instruments	<input type="checkbox"/>	Taekwondo
<input type="checkbox"/>	Badminton	<input type="checkbox"/>	Dancing	<input type="checkbox"/>	Horse riding	<input type="checkbox"/>	Needlepoint	<input type="checkbox"/>	Tennis
<input type="checkbox"/>	Baking	<input type="checkbox"/>	Disc Golf	<input type="checkbox"/>	Hunting	<input type="checkbox"/>	Origami	<input type="checkbox"/>	Thrift Shopping
<input type="checkbox"/>	Ballet	<input type="checkbox"/>	Dominoes	<input type="checkbox"/>	Ice fishing	<input type="checkbox"/>	Painting	<input type="checkbox"/>	Traveling
<input type="checkbox"/>	Bicycling	<input type="checkbox"/>	Drawing	<input type="checkbox"/>	Ice skating	<input type="checkbox"/>	Photography	<input type="checkbox"/>	Walking
<input type="checkbox"/>	Billiards	<input type="checkbox"/>	Drumming	<input type="checkbox"/>	Inline Skating	<input type="checkbox"/>	Pinochle	<input type="checkbox"/>	Water skiing
<input type="checkbox"/>	Birding	<input type="checkbox"/>	Embroidery	<input type="checkbox"/>	Jewelry Making	<input type="checkbox"/>	Pottery	<input type="checkbox"/>	Weightlifting
<input type="checkbox"/>	Board Games	<input type="checkbox"/>	Etching	<input type="checkbox"/>	Jogging	<input type="checkbox"/>	Puzzles	<input type="checkbox"/>	Wood carving
<input type="checkbox"/>	Boating	<input type="checkbox"/>	Farming	<input type="checkbox"/>	Journaling	<input type="checkbox"/>	Quilling	<input type="checkbox"/>	Writing
<input type="checkbox"/>	Bowling	<input type="checkbox"/>	Fencing	<input type="checkbox"/>	Judo	<input type="checkbox"/>	Quilting	<input type="checkbox"/>	Yachting
<input type="checkbox"/>	Cabaret	<input type="checkbox"/>	Figure Skating	<input type="checkbox"/>	Juggling	<input type="checkbox"/>	Rafting	<input type="checkbox"/>	Yoga ball
<input type="checkbox"/>	Cake Decorating	<input type="checkbox"/>	Filmmaking	<input type="checkbox"/>	Jump Roping	<input type="checkbox"/>	Reading	<input type="checkbox"/>	Zumba
<input type="checkbox"/>	Calf roping	<input type="checkbox"/>	Fishing	<input type="checkbox"/>	Karate	<input type="checkbox"/>	Running	<input type="checkbox"/>	
<input type="checkbox"/>	Camping	<input type="checkbox"/>	Fly Tying	<input type="checkbox"/>	Kayaking	<input type="checkbox"/>	Scrapbooking	<input type="checkbox"/>	
<input type="checkbox"/>	Card Games	<input type="checkbox"/>	Fossil Hunting	<input type="checkbox"/>	Kickboxing	<input type="checkbox"/>	Sewing	<input type="checkbox"/>	
<input type="checkbox"/>	Card making	<input type="checkbox"/>	Gambling	<input type="checkbox"/>	Knitting	<input type="checkbox"/>	Shopping	<input type="checkbox"/>	
<input type="checkbox"/>	Cartooning	<input type="checkbox"/>	Gaming	<input type="checkbox"/>	Landscaping	<input type="checkbox"/>	Singing	<input type="checkbox"/>	
<input type="checkbox"/>	Ceramics	<input type="checkbox"/>	Garage sales	<input type="checkbox"/>	Line dancing	<input type="checkbox"/>	Sketching	<input type="checkbox"/>	
<input type="checkbox"/>	Chess	<input type="checkbox"/>	Gardening	<input type="checkbox"/>	Macramé	<input type="checkbox"/>	Snowboarding	<input type="checkbox"/>	
<input type="checkbox"/>	Coloring	<input type="checkbox"/>	Genealogy	<input type="checkbox"/>	Martial Arts	<input type="checkbox"/>	Snowmobiling	<input type="checkbox"/>	

Just for **FUN** tell us some more!

Favorite Snack:

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Favorite Candy/Sweet:

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Favorite Author:

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Favorite Sport and/or Team:

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Favorite Color(s):

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Favorite Flower(s):

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Favorite Scent(s):

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Favorite Lunch Item:

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Favorite Flavors (for cakes pies, cookies, etc.):

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Are there any items you prefer not to receive (or you have allergies, dislike, etc.):

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If you were to get a gift certificate, where would you like it to be from?  
(You may list more than one choice per line)

Coffee Place: \_\_\_\_\_ How do you like it \_\_\_\_\_

Clothing Store:

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Spa/Salon:

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Restaurants:

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Online Stores:

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Sporting Goods:

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Other:

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