

GFWC Woman's Club of De Pere Membership Form

I am enclosing my check for \$40.00 for my 2015-16 membership dues. Please make check payable to the Woman's Club of De Pere.

Please print your information as you wish it to appear in the club directory:

Name _____

Address _____

Phone _____ Cell _____

E-mail _____

Dues and form may be returned at the April or May meetings or mailed to:

**Sandra Foote
145 Crestview Lane
De Pere, WI 54115**

Please check those areas where you would like to be involved:

- _____ Blood Drive - assist Red Cross at St. Norbert College
- _____ Book Club – monthly meeting to discuss books recommended by the Brown County Library
- _____ Club Directory – compile information for membership book
- _____ Food Pantry Collection – deliver donations to area food pantries
- _____ Gardening – work with De Pere Beautification Committee to plant & weed flower beds
- _____ Helen Mears Art Contest – for gr. 6-8 students, members collect art work, judge pieces, provide awards at March reception
- _____ Historian/Photographer – maintain records of the club year
- _____ Little Free Library – monitor library & books
- _____ Membership – plan gathering to recruit members
- _____ Name Tags – distribute & collect name tags at each meeting
- _____ Poinsettia Sale – prepare promotional materials, deliver poinsettias
- _____ Santa House – assist at Santa House (2 hour shift)
- _____ Scholarship – contact High Schools with information
- _____ Spaghetti Dinner & Raffle – plan event
- _____ Speaker Committee – schedule speakers/presenters for meetings
- _____ State Reports – prepare reports for GFWC-WI
- _____ Tutoring – assist in local schools as needed
- _____ Website – prepare information for website
- _____ WILS (WI Leadership Seminar) – contact High Schools for participants

We need every member to assist with the luncheons for our monthly meetings. Please indicate the month you would prefer to be on the social committee. If you cannot participate on the month assigned to you, a donation of \$15.00 to cover costs is required. Co-chair _____ Member _____

If you have a special interest or know of a program that would benefit our group, please let us know. A contact person would be very helpful. _____