

Woman's Club of Sanford Prospective Member Checklist

Thank you for wanting to become a part of over 100 years of history. Our club has been around since 1913 here in Sanford, FL. We are honored to continue those traditions by using our fellowship to help our community and support one another. As our club motto says, "Not for self, but for all." This guide will help you through the application process.

Member Candidate Checklist

Please complete these tasks and submit information to 2nd Vice Contact@WomansclubofSanford.com

Meet members and find a sponsor.

Sponsors must be current members in active status for more than a year. Members may only sponsor three candidates per year.

Come to three Club events or meetings

| | |
|--|-------|
| | Date: |
| | Date: |
| | Date: |

Complete the application

Pay application fee

Submit 'headshot'

Club Checklist

Once the candidate has completed their steps. It moves to our membership committee. The Committee is chaired by our 2nd vice and composed of the chairs of all departments.

Membership Committee reviews applicant and makes recommendation to Board

| | | | |
|----------------------|------------------------------|-----------------------------|-------|
| 2 nd Vice | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Date: |
| Arts | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Date: |
| Home Life | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Date: |
| Education | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Date: |
| Public Affairs | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Date: |

Board votes on applicant Date:

Candidate is notified of result Date:

| | |
|------------------------------|-----------------------------|
| Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|------------------------------|-----------------------------|

If accepted

Orientation date is set Date:

Take vows at a General Meeting Date:



Woman's Club of Sanford Membership Application

Applicant Information

Full Name:

| | | | | |
|--|------|-------|------|--|
| | Last | First | M.I. | |
|--|------|-------|------|--|

Address:

| | | |
|--|----------------|------------------|
| | Street Address | Apartment/Unit # |
|--|----------------|------------------|

| | | | |
|--|------|-------|----------|
| | City | State | ZIP Code |
|--|------|-------|----------|

Phone: _____ Email _____

Tell us About You

How Long have you been a resident of Sanford?

Other Club Affiliations:

Interests, Hobbies, and Family:

Why do you want to join the club?

Sponsor Information

Sponsor Name:

How do you know one another and for how long?

Disclaimer and Signature

All information requested is for accounting purposes only.

Sponsors must be current members in active status for more than a year. Members may only sponsor three candidates per year.

Non-refundable application fee of \$25 is due along with this application. If application results in membership, the fee will be prorated into your first annual dues of \$40. Check, cash or online at www.paypal.me/wcos1913

Signature: _____ Date: _____