

**FARMERS BRANCH WOMAN'S CLUB  
MEMBERSHIP APPLICATION FORM  
2023- 2024**

*Please mail the completed form to:* Rotha Crump VP Membership,  
P.O. Box 815641 Dallas, TX 75381-5641

Membership Chairman:

We are pleased to submit the following name for membership in the Farmers Branch Woman's Club, and we ask that her application be voted on by the Board of Directors.

Candidate: NAME: \_\_\_\_\_  
(PLEASE PRINT)

ADDRESS: \_\_\_\_\_  
Street

\_\_\_\_\_ City Zip

PHONE: \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_

HUSBAND'S NAME \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

Comments that will help to know the candidate better, i.e. hobbies, interests, etc.

\_\_\_\_\_  
\_\_\_\_\_

**SPONSORS:**

Signature of two members required

\_\_\_\_\_  
\_\_\_\_\_

Dues \$25.00 Paid

Check No. \_\_\_\_\_ Cash

Accepted \_\_\_\_\_  
(Date)

For notification of important information please contact me by: phone \_\_\_\_\_ **OR** email \_\_\_\_\_

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**Form distributed to:** Membership \_\_\_ President \_\_\_ Treasurer \_\_\_ Corresponding Secretary \_\_\_  
Recording Secretary \_\_\_ Phone / Email Chair \_\_\_ Directory \_\_\_ Newsletter \_\_\_