



Membership Application Form GFWC Billings Junior Woman's Club

Name _____ Date _____

Address _____

City _____ State _____ Zip _____

Email _____ Phone Number _____

DOB _____ Family Statistics _____

Profession _____

Hobbies _____

Reason for interest in GFWC/BJWC

Committees and Programs
(Circle those that interest you.)

Arts and Culture

Environment

Education and Libraries

Civic Engagement and Outreach

Health and Wellness

Advocates for Children

School Medical

Domestic Violence and Sexual Awareness

Membership

Leadership

Building and Grounds

Communication/PR

History and Resource