

AFFILIATE CLUB INFORMATION FORM (Data Blank)
GFWC California Federation of Women's Clubs
 Use the Interactive Orange District Form on its website or this form
DATE SUBMITTED:

ORANGE	C
LEGAL NAME OF AFFILIATE CLUB _____	District Name _____ Area _____
Incoming President _____	
Address _____	City _____ Zip _____
Phone (Hm) _____ (Cell) _____	E-Mail _____
Incoming Treasurer _____	
Address _____	City _____ Zip _____
Phone (Hm) _____ (Cell) _____	E-Mail _____

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CLUB PRESIDENTS:

1. Information reported on the Club Information Form will be printed in the CFWC Procedure/Yearbook.
 2. Following the election of new officers, **the outgoing Club President** is responsible to complete the Club Information form and obtain required signatures, **and shall deliver 5 copies, one membership list with new members marked and a check made payable to "CFWC Orange District" to *Gina Whinery, Orange District Financial Secretary, 310 Sandlewood Ave, La Habra, CA, 90631 to be received by her no later than May 1st.***
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CFWC Fees for 25 members or fewer (Number of Members) _____ = \$30.00 = \$ _____

CFWC Fees for 26 members or more (Number of Members) _____ = \$45.00 = \$ _____

TOTAL AMOUNT TO BE SENT TO ORANGE DISTRICT FINANCIAL SECRETARY \$ _____

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The Outgoing and Incoming Presidents have checked the included information for accuracy. **Signatures are required below.**

Outgoing

Incoming
