



THE WOMEN'S CLUB
of
LAKE JOVITA

MEMBERSHIP APPLICATION FORM

Please fill in Completely, attach Membership Dues via Check or Cash and Drop off in

REQUIREMENT:

Please Check One

Must Be: A Resident Of Lake Jovita

A Member of Lake Jovita GCC

NAME: _____

ADDRESS: _____

SPOUSE NAME: _____

PREFERRED PHONE:

HOME: _____

CELL: _____

OTHER: _____

Birthday - Month /Date Only :) _____

E-Mail Address: _____

Permission to include contact information in the Lake Jovita

Woman's Club Membership Directory: Yes_____ No _____

\$50 Membership Fee must accompany this form. Please print and drop off filled out Application Form to the Lake Jovita Clubhouse in the LJWC Box or Mail to Lake Jovita Womans Club, 12900 Lake Jovita Blvd. Dade City, FL 33525

DATE _____

CHECK # _____ CASH _____