MEMBERSHIP ROSTER
GEORGIA FEDERATION OF WOMEN'S CLUBS
COVERS YEAR _____

Mail original to State Office and Copy to District President and State Membership Chairman as stated below.
Submit annually even if there are not changes

CLUB NAME _____ **DISTRICT**_____ **TOTAL MEMBERS** _____

PERMANET CLUB ADDRESS : _____

MEMBER NAME	ADDRESS	PHONE NO.	E-MAIL (if applicable)

The GaFWC and GFWC mailing list will be prepared with this information June 1, annually. To receive credit on the achievement Goal Sheet, this form must accompany Treasurer's Voucher with dues payment made either by June 1 or no later than December 31. Please advise State of any changes during the year. Club Presidents should copy and distribute materials to proper persons. Please use reverse side for additional members and/or make additional copies of back side.

Membership Roster - Continued

MEMBER NAME	ADDRESS	PHONE NO.	E-MAIL (if applicable)

Make additional copies of this page if needed.