

**Affiliate Group Data Blank**  
**GFWC California Federation of Women's Clubs**  
**Use the Interactive Data Blank on the CFWC website or this form MUST BE TYPED**

LEGAL NAME OF AFFILIATE GROUP _____	District _____	Area _____
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Incoming President \_\_\_\_\_

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

Phone (Hm) \_\_\_\_\_ (Cell) \_\_\_\_\_ E-mail \_\_\_\_\_

Incoming Recording Secretary \_\_\_\_\_

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

Phone (Hm) \_\_\_\_\_ (Cell) \_\_\_\_\_ E-mail \_\_\_\_\_

Club Mailing Address \_\_\_\_\_

Day and Time of Meeting (i.e. 1<sup>st</sup> Friday at 11:00 a.m.) \_\_\_\_\_

We have checked the included information for accuracy.

Required Signatures:

President (Outgoing) \_\_\_\_\_ (Incoming) \_\_\_\_\_

**AFFILIATE GROUP PRESIDENTS:**

1. Information reported on the Data Blank will be printed in the CFWC Procedure/Yearbook.
2. **Send 5 copies of the Data Blank with a check** for the number of Federation members to the District Financial Officer on or before the date required.

CFWC Fee for 25 members or fewer (Number of Members) \_\_\_\_\_ \$ 30.00 = \$ \_\_\_\_\_

CFWC Fee for 26 members or more (Number of Members) \_\_\_\_\_ \$ 45.00 = \$ \_\_\_\_\_

**FEDERATION FEE TO BE SENT TO DISTRICT FINANCIAL OFFICER**      \$ \_\_\_\_\_

**DISTRICT PRESIDENTS:**

Send one completed Remittance Form, one Check payable to CFWC **and 3 copies of Data Blanks** to the CFWC Financial Secretary on or before **May 15<sup>th</sup>**.