



The Woman's Club of Erie, Inc.
259 West Sixth Street
Erie, PA 16507
814-452-3844 ~ eriewomansclub.com

New Member Application Form

Dear Membership Secretary,

Please accept my application for membership to the Woman's Club of Erie. I am aware this membership includes the General Federation of Women's Clubs, GFWC Pennsylvania, and GFWC Erie County.

As an active member, I am interested in the objectives, programs and projects of the Woman's Club, some of which are listed on the reverse side, and I am willing to participate in the active life of the Club. I understand the mission of the Club is community engagement, education, philanthropy and the preservation of its historic Clubhouse, the Galbraith Mansion.

I understand and agree that it is important for me as a new member to serve on a minimum of one committee/department the first year, to assist with fund-raising efforts, and to take advantage of opportunities to interact and develop friendships with other members.

I understand a mentor is available to help me learn more about the Club, committees, departments, and the benefit of membership.

Name _____

Address _____

City _____ Zip _____

Home # _____ Cell # _____

Email: _____ Birthday (M/D) _____

Current or past occupation(s):

Current or past participation in organizations, clubs

Talents, training, and/or expertise:

Choose possible department/committee interests:

☐	Arts and Culture	☐	Health and Wellness
☐	Civic Engagement & Outreach	☐	Grounds Maintenance
☐	Environment	☐	House Preservation
☐	Education and Libraries	☐	Publicity/Marketing/Social Media
☐	Domestic Violence Awareness	☐	Interior Design/Décor

Please complete other side.



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Choose possible special interest areas:

☐	Christmas at the Mansion
☐	Halloween Event
☐	House Sale at the Mansion
☐	Trips and Tours
☐	Special Events
☐	Student Art Gallery Weekend

Membership application must be accompanied by a check made payable to:

Woman's Club of Erie
P.O. BOX 3767
Erie, PA. 16508

for the following amount: Annual Membership Dues \$75.00 (Fiscal Year –June 1st – May 31st)

Or *CLICK Link to On-Line Payment:* <https://square.link/u/jZh3b28g>

Applicant Signature_____ Date_____

If you have questions, please contact womanscluboferie@gmail.com

For Membership secretary only:

Date: _____ Check # _____ Amount Enclosed _____

Mentor _____

Revised 1/2025