



# Membership Renewal

www.FemmesdeCoeur.org

Miss  Mrs.  Ms.

Name: \_\_\_\_\_  
Last First Middle/Maiden Spouse

Address: \_\_\_\_\_  
Street City State Zip Code

Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_ Fax \_\_\_\_\_

Birthday: Month \_\_\_\_\_ Day \_\_\_\_\_ Email: \_\_\_\_\_

Business Name/Position: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Femmes de Coeur Sponsor: \_\_\_\_\_

### Membership:

Active  Required to attend the monthly meetings, must serve on fund-raising committees and support all fund raising events of Femmes de Coeur by attending events and purchasing and/or selling a minimum of two tickets to each of our two major events.  
DUES: \$50.00

Associate  May attend the monthly meetings, is invited to work on all events and must support all fund raising events of Femmes de Coeur by purchasing attending events and purchasing and/or selling a minimum of two tickets to each of our two major events.  
DUES: \$100.00

Please choose a minimum of two committees on which you will be able to serve:

\_\_\_ Reservations \_\_\_ Mailing \_\_\_ Donations \_\_\_ Auction \_\_\_ Registration \_\_\_ Underwriting/Sponsors  
\_\_\_ Decorations \_\_\_ Hostess \_\_\_ Publicity \_\_\_ Special Events Other \_\_\_\_\_

By signing this form I acknowledge that I have fully read and agree to my responsibilities as a member of Femmes de Coeur.

Signature \_\_\_\_\_ Date \_\_\_\_\_

*Please return to: Jill Rees, 2024 Gerda Terrace, Orlando, FL 32804*