

**WOMEN'S CIVIC CLUB OF PANAMA CITY BEACH**  
**Application for Membership**  
**Submit to Sponsor**

Name \_\_\_\_\_

Resident Address \_\_\_\_\_

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

Email Address \_\_\_\_\_

Telephone \_\_\_\_\_ Preferred communication method: email or text

Birthday \_\_\_\_\_

Do you reside and/or own property in the area between the  
Hathaway Bridge, the Phillips Inlet Bridge and West Bay Bridge  
in Bay County? Yes \_\_\_\_\_ No \_\_\_\_\_

If not, do you reside in Bay or Walton County? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you own a business or property in area between the  
Hathaway Bridge, the Phillips Inlet Bridge and West Bay Bridge  
in Bay County? Yes \_\_\_\_\_ No \_\_\_\_\_

Type of business? Optional \_\_\_\_\_

Current/Former Occupation \_\_\_\_\_

You and your sponsor have discussed the sponsor checklist? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you volunteered at any of our activities? Yes \_\_\_\_\_ No \_\_\_\_\_

Attached Membership Fees:

Dues	\$30.00
Shirt	\$20.00
Name Pin	<u>\$16.00</u>
Total	\$66.00

Yes \_\_\_\_\_ No \_\_\_\_\_

In case of emergency, who should be contacted: Name \_\_\_\_\_

Telephone \_\_\_\_\_ Relationship \_\_\_\_\_

By completing this application for membership, I agree to conform to the bylaws of this club and comply with the obligation of membership as explained to me by my sponsor.

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

**WOMEN'S CIVIC CLUB OF PANAMA CITY BEACH  
MEMBER COMMITTEE SIGN-UP SHEET 2024-2025**

Complete and sign the form and give to Membership Chairman by the May General Meeting along with your \$30 dues. This form must accompany your dues. Checks should be made payable to "Women's Civic Club". You may also mail your form and check to PO Box 9759, Panama City Beach, FL 32417.

Each active member is required to complete a committee sign-up sheet yearly. You are required to sign up for a minimum of three (3) committees. At least one (1) of the required committees should be a fund-raising committee. All members are expected to participate in or support all fund-raising events. If you are uncertain about any committee functions, a Description of Committee sheet is available upon request.

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

E-mail \_\_\_\_\_

Are you interest in chairing or co-chairing a committee? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please list committee(s) \_\_\_\_\_

**FUND RAISING COMMITTEES**

(select at least 1)

- Arts & Craft Fair
- Dance
- Silent Auction
- Ironman
- Special Beach Events

**COMMUNITY OUTREACH and  
EVENTS COMMITTEES**

- Community Outreach
- Fashion Show
- Kitchen
- Lunches & Programs
- Marketing
- Member to Member
- School Projects
- Sunshine
- Telephone & Reservations

The appointed committees are standing committees that do not require sign-ups. These Committee Chairs will be appointed by the President. If you have a special interest in one of these Committees please indicate your willingness to be a liaison for that committee.

- Boys & Girls Club    Domestic Violence    Food Pantry    Library  
 Maggie Still Park    Newsletter    Scholarship    Website Management    Yearbook

In case of emergency, we should contact: \_\_\_\_\_

Relation \_\_\_\_\_ Telephone \_\_\_\_\_

SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

## ANNUAL CONFLICT OF INTEREST FORM

The undersigned, as \_\_\_\_\_  
(director, Officer position, committee chair, committee member, or member) of  
The Women's Civic Club of Panama City Beach, FL, Inc. acknowledges:

1. She has received a copy of the Organization's Conflict of Interest Policy; (located at [wccpcb.org/forms/](http://wccpcb.org/forms/))
2. She has read and understands the Policy;
3. She has agreed to comply with the Policy;
4. She understands the Organization's maintenance of its charitable activities and federal tax exemption depends on its understanding primarily of activities that support its charitable purpose; and
5. The following on-going relationships and interest may present a conflict of interest (please describe - if not applicable write "N/A):

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Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_