

**Suburban Republican Women's Club, Federated
Application for Membership**



Last Name _____ First Name _____ Spouse _____

Mailing Address _____

City _____ ZIP + 4 _____ Birthday _____

Home Phone: _____ Second Phone: _____

E-Mail _____ (*only if you check it on a regular basis*)

How did you learn about our club? _____

Tell us a little bit about yourself...political experiences/campaigns work, hobbies, interests, etc.

Signature _____ Date: _____ Precinct No. _____

(By signing this application, I certify that I am a registered Republican)

PLEASE NOTE: Half year dues begin July 1st for Active, Associate and Subscription Memberships

PATRONAGE LEVELS

(Annual Membership is Included)

LINCOLN.... \$100 _____

Recognition in the SRWCF monthly newsletter
(Your annual membership dues are included w/your patronage)

REAGAN.....\$75 _____

Recognition in the SRWCF monthly newsletter
(Your annual membership dues are included w/your patronage)

BUSH..... \$65 _____

Recognition in the SRWCF monthly newsletter
(Your annual membership dues are included w/your patronage)

_____ Active Membership (\$25 per year, with voting rights – *Women Only*)

_____ New Member _____ Renewal

_____ Associate Membership *WOMEN OR MEN (\$12.50 per year – no voting rights)

NOTE: *Women joining as an associate member *MUST* hold an active membership in another Federated Club. Please list your club of active membership _____.

_____ Subscription Membership (\$10 per year to receive newsletter – no voting rights)

Payment Info: Check #/amount _____ Cash/amount _____ Date Received _____

Mail your payment to: SRWCF, P. O. Box 162958 Altamonte Springs, FL 32716