



Suburban Republican Women's Club, Federated

Women are the Heart and "Sole" of the Party

APPLICATION FOR MEMBERSHIP

(Please print clearly)

FIRST NAME _____ LAST NAME _____

ADDRESS _____ CITY _____ ZIP _____

EMAIL ADDRESS _____ BIRTHDAY ____ / ____ / ____

CELL PHONE _____ HOME PHONE _____

ELECTED OFFICIAL TITLE _____

By signing this application, I certify that I am a registered Republican and required to follow the by-laws, and participate in club activities and fundraisers.

Signature _____ Date _____

ANNUAL MEMBERSHIP LEVELS:

TRUMP \$100.00 Recognition in SRWCF monthly Newsletter _____

REAGAN \$75.00 Recognition in SRWCF monthly Newsletter _____

LINCOLN \$60.00 Recognition in SRWCF monthly Newsletter _____

ACTIVE \$50.00 Voting Rights – Women Only _____

ASSOCIATE \$50.00 Women or Men – no voting rights _____

If joining as an Associate Member, you MUST hold an active membership in another *Federated Club*. Please list the *Federated Club*: _____

STUDENT \$15.00 Women or Men – no voting rights _____

NAME TAG: \$20.00 _____

Print name as you'd like it to appear: _____

PAYMENT:

Please submit payment with application for approval by SRWC at **www.srwcf.org** or mail to: SRWCF, P.O. Box 162958, Altamonte Springs, FL 32716