

# MEMBERSHIP RENEWAL FORM

**Suburban Republican Women's Club, Federated**  
*Women are the Heart and "Sole" of the Party*



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