



Federated Republican Ladies of Liberty *Membership Form 2026*

Name _____

Address _____

City _____ State _____ Zip Code _____

Email _____

Profession _____

Cell Phone Number _____

*****All Members Must be Registered Republicans*****

Please Select Membership Category

Full Membership \$50.00 _____

Stiletto Full Membership \$125.00 _____ or a bit more \$ _____ thank you!

Associate Membership \$30.00 _____ (non-voting member, for women who are full members of another Federated club, and for men) Club affiliation _____

Junior Full Membership \$40.00 _____ (age 25-40)

Student Membership \$15.00 _____ (age 18-24, non-voting member)

Method of Dues Payment

Zelle Amount \$ _____ Zelle to: LadiesofLibertyFLA@gmail.com

Check Amount \$ _____ check # _____

Please make checks out to: **Federated Republican Ladies of Liberty** and mail to:
5030 Champion Boulevard, Suite # G11-115, Boca Raton, Florida 33496

By signing this membership form, I certify that I am a registered Republican.

Name: _____ Date _____