



☆☆☆ *Federated Republican Ladies of Liberty* ☆☆☆

Membership Form

Legal Name _____ Nickname _____

Address _____

City _____ State _____ Zip _____

Email _____

Cell Phone Number _____

Please Select Membership Category:

_____ Full Membership: \$50.00

_____ Stiletto Full Membership: \$100.00 or a bit more: \$ _____

_____ Associate Membership: \$30.00 (non-voting member, for men and for women who are full members of another Federated club. Name of your other Federated club: _____)

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

Please note: Membership is for January 1 through December 31 of each year. Dues paid in November or December will count toward the following year.

Method of Dues Payment:

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

or

Check Amount \$ _____ check # _____

Please make checks out to: “Federated Republican Ladies of Liberty” and mail to:

Cindy Levinson
5471 NW 20th Avenue
Boca Raton, FL 33496

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

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

Name: _____ Date _____

Website: www.LadiesofLibertyfla.com

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