

Republican Women of Williamson County Membership Application

Name _____ Date _____

Mailing Address _____

City & State _____ ZIP _____

Home Phone _____ Work _____ Cell _____

E-MAIL _____ **Birthday (MM/DD)** _____

(Please print e-mail clearly and notify us of changes. This is our only means of communication.)

Application Type: **New** Full Membership (\$50) _____ **Renewal** Full Membership (\$50) _____

*Associate (\$25) _____ (Home Club _____)

*Women with active membership in another Federated RW club and Republican men

TOTAL ENCLOSED \$ _____ Check # _____ Cash _____

Signature: _____ How did you

find us? Referred by: _____

COMMITTEES/INTERESTS: Please indicate the area(s) in which you have an interest! _____ Literacy

Campaign Activities _____ Community / Service _____ Fundraising _____ Legislative _____

Hospitality _____ Membership _____ Caring for America _____ Education _____

Special talents (graphics design, website, database, editing, writing, etc.) _____

Are you a member of other Williamson County political organizations or groups?

Yes

No

If yes, please list the name of organization(s) _____

Acknowledgement and Full Understanding of RWWC Bylaws The **Member** hereby acknowledges and agrees that she has fully read, understands and voluntarily accepts the RWWC Bylaws. As a RWWC Member you acknowledge and agree that you will do your best to uphold these bylaws to the best of her ability.

Please complete this application and return with your check made to "RWWC"
Mail to: Kilynn Schueler, 103 Abercain Drive, Franklin, Tenn. 37064

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