

FEDERATED REPUBLICAN WOMEN IN ACTION

Member: Florida Federation of Republican Women & National Federation of Republican Women

2025 Membership Application – (Circle one)

New Membership \$50

Renewal Membership \$45

If paid by December 31, otherwise \$50.

New Associate Membership \$30

Renewal Associate Membership \$25

(Republican women voting members of another Federated Club & Republican men.)

PLEASE PRINT

Name: _____

Emergency contact _____ Telephone _____ (mark-cell or land line]

Address _____

City: _____ State: _____ Zip: _____

Phone: (Home) _____ (Cell) _____ Best time to Call: _____

E-mail: _____ Birth: (Month) _____ Day _____

Please enter the following numbers found on your Voter Registration Card:

Voter Registration Number _____ Precinct _____

Please check any areas of interest in which you would like to participate:

Greeter at meetings: _____ Lead Pledge of Allegiance: _____ Lead Invocation (Prayer): _____

Fundraising: _____ Working Special Events: _____ Computer Work: _____

Mailings: _____ Walking Neighborhoods: _____ Telephone Calling: _____

Serve on Executive Committee _____ Preferred position _____

Military Service: Active _____ Retired _____ Branch/Rank _____

Special Interests _____

How did you hear about FRWA? _____

My signature on this application affirms my wish to be included in the FRWA membership directory and to receive notification emails and communications from the organization. My signature also affirms that I understand that our membership directory will only be given to members for FRWA activities and should not be distributed or used for solicitation or any other purposes.

If there is any item on this application that you wish to be omitted from the membership directory, please notify the FRWA Membership VP.

Disclaimer of Liability: Your participation and attendance of activities of the Club, including those at homes of members, is at your sole risk and neither the Club nor any member will be responsible to any member, child, or guest, for any damage, loss or injury caused as a result, directly or indirectly, of such participation.

Signature: _____ Date: _____

Please return application with check payable to **FRWA** to
FRWA, P. O. Box 100749, Palm Bay, FL 32910

Federated Republican Women are the Heart & Soul of the Party