

# FEDERATED REPUBLICAN WOMEN IN ACTION

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

## **2026 Membership Application – (Circle one)**

**New Membership \$50**  
**Renewal Membership \$45**

**New Associate Membership \$30**  
**Renewal Associate Membership \$25**

### PLEASE PRINT

Name: \_\_\_\_\_

Emergency contact \_\_\_\_\_ Telephone \_\_\_\_\_

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**