



REPUBLICAN FEDERATED WOMEN OF THE VILLAGES

MEMBERSHIP APPLICATION

2026



***** ALL MEMBERS MUST BE REGISTERED REPUBLICANS *****

(Please Print)			APPLICANT INFORMATION		
Full Legal Name:	Middle Initial:	Nickname:			
Address:	Zip code:	Cell Phone:			
Email:	Birthday: Month _____ Day _____ Year _____				
GETTING TO KNOW YOU					
How long have you lived in The Villages? _____ What Village? _____ Referred By: _____					
Full Time Resident: _____ Part Time Resident: _____ Months Here: _____					
I am a registered Republican ____ Verified ____ Were you in the Military? No ____ Yes ____ What branch? ____					
Where did you live before moving to The Villages? _____ Former Occupation? _____					
Have you ever been a member of a Republican Federated Women's Club? Yes ____ No ____					
If yes, where? _____ Which club? _____					
Please mark X next to the Committees you would like get involved with:					
<input type="checkbox"/> Achievement Awards	<input type="checkbox"/> Caring for America	<input type="checkbox"/> Historian	<input type="checkbox"/> Literacy & Education	<input type="checkbox"/> Social	
<input type="checkbox"/> Armed Services	<input type="checkbox"/> Communication/Technology	<input type="checkbox"/> Hospitality	<input type="checkbox"/> Membership		
<input type="checkbox"/> Campaign Activism	<input type="checkbox"/> Fundraising / Sponsorship	<input type="checkbox"/> Legislative	<input type="checkbox"/> Phone Banking		
Skills, Hobbies and other interests _____					
2026 MEMBERSHIP FEES					
MEMBERSHIP ____\$45.00 One Year Membership ____\$7.50 Name Tag (Optional) Print name on name tag: _____					
RENEWAL MEMBER ____ NEW MEMBER ____ (New member packet) SIGNATURE: 					

ASSOCIATE MEMBERSHIP ____\$25.00 One Year Assoc. Membership ____\$7.50 Name Tag (Optional) Print name on name tag: _____					
RENEWAL ASSOCIATE ____ NEW ASSOCIATE MEMBER ____ SIGNATURE: 					
NOTE: ASSOCIATE MEMBERS (This is only for full members of another FRW or registered Male Republicans. Note: Associate Members cannot vote, but they can serve on committees.)					
TO BE FILLED BY THE MEMBERSHIP & THE TREASURER					
Registration Verified ____ Yes ____ No ____ Verified by _____					
Total PAID \$ _____ Today's date: _____ Cash _____ Check No. _____					
Make Checks Payable to: RFWTV Mail to: RFWTV 333 Colony Blvd (130) The Villages FL 32162					