



**REPUBLICAN FEDERATED WOMEN OF THE VILLAGES  
MEMBERSHIP APPLICATION 2024**

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

**APPLICANT INFORMATION**

Name:	Cell Phone:
Address:	Zip code:
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: \_\_\_\_\_

Are you a registered Republican? \_\_\_\_\_ Were you in the Military: Yes No

Where did you live before moving to The Villages? \_\_\_\_\_

Occupation or Former Occupation? \_\_\_\_\_

Have you ever been a member of a Republican Federated Women’s Club? Yes  No

If yes, where? \_\_\_\_\_ What club? \_\_\_\_\_

**Please circle the Committees you would like to help with:**

Achievement Awards	Caring for America	Historian	Literacy & Education
Armed Services	Communication/Technology	Hospitality/Social	Membership
Campaign Activism	Fundraising/Sponsorship	Legislative	Other _____

**2024 MEMBERSHIP FEES**

**MEMBERSHIP**  
 \_\_\_\_ \$45.00      \_\_\_\_\_ RENEWAL MEMBER      \_\_\_\_\_ NEW MEMBER

\_\_\_\_ \$7.50 Name Tag (Optional)      Print name on name tag: \_\_\_\_\_

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**ASSOCIATE MEMBERSHIP**  
 \_\_\_\_ \$25.00      \_\_\_\_\_ RENEWAL ASSOCIATE      \_\_\_\_\_ NEW ASSOCIATE MEMBER

\_\_\_\_ \$7.50 Name Tag (Optional)      Print name on name tag: \_\_\_\_\_

**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.)

**PAYMENT INFORMATION**

Total PAID \$ \_\_\_\_\_ Today’s date: \_\_\_\_\_ Cash \_\_\_\_\_ Check No. \_\_\_\_\_

Make Checks Payable to: “RFTV”      Mail to: RFTV  
 333 Colony Blvd (#130 ) The Villages FL 32162