



JOSEPHINE COUNTY REPUBLICAN WOMEN

Membership Application & Renewal & Associate Application & Renewal

Name _____ . Date _____

Address _____

City/ State/ Zip _____

Phone (please mark home or cell) _____ birthday mo. _____ day _____

Email _____

Please mark one:

_____ This is a **new membership** for a **Full Member** (\$40/year)

_____ **Renewal** for a **Full Member** (\$40/year)

_____ This is for a **new Associate Membership** (\$20/year)

* Associate members are non-voting positions and are men, or women with membership in another Federated Republican Women's Club.

_____ **Renewal** for an **Associate Membership** (\$20/year)

Club badges are \$12.50 (with pin) or \$14.00 (with magnet) and are optional. Please write how you would like your name to appear:

Please sign here:

I am a registered Republican and will support the ideals and the Republican Party Platform and encourage loyalty to the Republican Party.

Your signature

.....
For club use: Total amount enclosed _____. Paid by ___ check ___ cash ___ Square

Dues amount: _____. Badge amount _____ Donation amount _____