

Josephine County Republican Women

Membership & Renewal Application

(Please print clearly)

Club meetings are held on the 3rd Tuesday of each month at the Wild River Pub, 533 NE F St Lunch is served at 11:15 am, \$20 at the door.(cash, check, or credit card; RSVP is required – see email address below). If you don't wish to eat lunch, we ask for \$5 to help pay for the room. Just to let you know, as our Bylaws state, we allow two visits before we ask you to join.

Annual club dues are \$40 for new members & renewal; new associate member & renewal dues are \$20. Associate members are non-voting positions and are men or women, and women with membership in another Federated Republican Women's club. **Membership approval within 30 days.**

Name: _____ Date: _____

Address: _____

City/State/Zip: _____ Phone: _____

Email (our preferred communication): _____

I am _____ a registered Republican **** required for both full and associate members **** _____(Full members)
I am a biological female.

(check all that apply): _____ applying for new membership _____ renewing full membership (\$40)

_____ applying for associate membership _____ renewing associate membership (\$20)

_____ I need to update contact information. Please make the following changes: _____

Optional: Name badges are \$12.50 (pin) or \$14.00 (magnet). Please write how you want your name to appear: _____

I am interested in helping to promote JoCRW values as a volunteer for (mark all that apply)

_____ Awards _____ Bylaws _____ Community Outreach _____ Education. _____ Executive Board
_____ Fundraising _____ Membership _____ Phone tree. _____ PR/FB/Website

Please include payment with your application. Make checks payable to Josephine County Republican Women or JoCRW. Bring your completed application to the next meeting or mail it to: JoCRW PO Box 2461 Grants Pass, OR 97528. Cash or checks are preferred, but we do take credit cards with Square at the meetings.

Required: Your signature: _____

For more information about the club or an RSVP for lunch, email josephinecountyrepublicanwomen@gmail.com

For club use only: Name of person receiving payment: _____ Amount. received: _____

Paid by: _____ Check # _____ Cash _____ Square / Dues amount: _____ Badge amount: _____

Donation amount: _____ Membership notified: _____ Funds passed to Treasurer: _____

Republican voter registration confirmed: _____ Name of person submitting confirmation: _____