

Santa Rosa Republican Women Federated  
Renewal or New Membership Application

NEW \_\_\_\_\_ RENEWAL \_\_\_\_\_ DATE \_\_\_\_\_

NAME \_\_\_\_\_  
PREFERRED PHONE: Cell Phone \_\_\_\_\_ OR Home Phone \_\_\_\_\_  
Email \_\_\_\_\_ Birth Month \_\_\_\_\_ Day \_\_\_\_\_

\_\_\_\_\_ I am a registered Republican.

Address \_\_\_\_\_

City \_\_\_\_\_ ZIP \_\_\_\_\_

Spouse/Partner Name \_\_\_\_\_ Republican? \_\_\_\_\_

How did you find out about us? Website, Facebook, friend? \_\_\_\_\_

**MEMBERSHIP LEVELS AND SERVICES:**

**•IF YOU ARE A REGULAR or RENEWING MEMBER:**

\_\_\_\_\_ \$47 Annual Regular or Renewal Membership \$ \_\_\_\_\_

\_\_\_\_\_ \$40 Annual Associate Membership  
(men or members of other Federated clubs) \$ \_\_\_\_\_

\_\_\_\_\_ \$75 Sustaining Membership (members contribute additional  
funds to help offset costs) \$ \_\_\_\_\_

\_\_\_\_\_ \$100 Business card ad in monthly newsletter \$ \_\_\_\_\_

\_\_\_\_\_ \$20 To receive SRRWF newsletter by mail. \$ \_\_\_\_\_  
(Otherwise, it's sent by email.)

**TOTAL DUE** (Please write check for this amount.) \$ \_\_\_\_\_

**Please make your check payable to SRRWF. Mail to P.O. Box 9544, Santa Rosa CA 95405**

What interests you, what will you volunteer for? \_\_\_\_\_ Membership \_\_\_\_\_ Campaign \_\_\_\_\_ Website  
\_\_\_\_\_ Newsletter \_\_\_\_\_ Hospitality \_\_\_\_\_ Legislation \_\_\_\_\_ Fundraising \_\_\_\_\_ Social Media \_\_\_\_\_ Speakers \_\_\_\_\_ Fairs  
\_\_\_\_\_ Board \_\_\_\_\_ Election Integrity \_\_\_\_\_ Voter Registration \_\_\_\_\_ Events

Special skills, former jobs or experience (computer, office, events, social media, etc) \_\_\_\_\_

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