



SANTA ROSA REPUBLICAN WOMEN
FEDERATED RENEWAL & REGULAR
APPLICATION FOR MEMBERSHIP

DATE _____
NAME _____ Home Phone _____
Cell Phone _____ Email _____
_____ I am a registered Republican. Birth Month _____ Day _____
Address _____
City _____ ZIP _____
Spouse/Partner Name _____ Republican? _____
How did you find out about us? Website, Facebook, friend? _____

Membership Levels and Services: Please check all that apply.

REGULAR MEMBERSHIP & RENEWAL

_____ \$47 Annual Regular & 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 check payable to SRRWF. Mail to P.O. Box 9544,
Santa Rosa CA 95405

What interests you? _____ Membership _____ Campaign _____ Website
_____ Newsletter _____ Hospitality _____ Legislation _____ Ways & Means
_____ Social Media _____ Speakers _____ Fairs _____ Board _____ Election
Integrity _____ Voter Registration

Your special skills (computer, office, events, etc) _____

Follow us at www.facebook.com/srrwf