



APPLICATION FOR MEMBERSHIP
2020

Name: _____ Date: _____

Address: _____

City / State / Zip Code: _____

Home Phone: _____ Mobile: _____

Email: _____ Birthdate (M/D) _____

I am applying for (Please check one):

Full Membership _____ Renewal _____ Associate: _____

Are you a registered Republican (Please circle one): **Y** / **N**
(Party affiliation will be verified)

Full membership dues are \$25 per year / \$20 for renewal. Women and men who are members of another Republican club are eligible for an Associate membership. Dues for the Associate Membership is \$15. An Associate membership is a non-voting membership.

Dues include memberships in the Republican Women's Network of South Brevard, and The Florida Women's Political Network.

Send this completed application with your check made to RWNSB to the Treasurer:

Helen Voltz
778 Wyeth Street
West Melbourne, FL 32904

Your signature below indicates your verification of the above information:

Signature