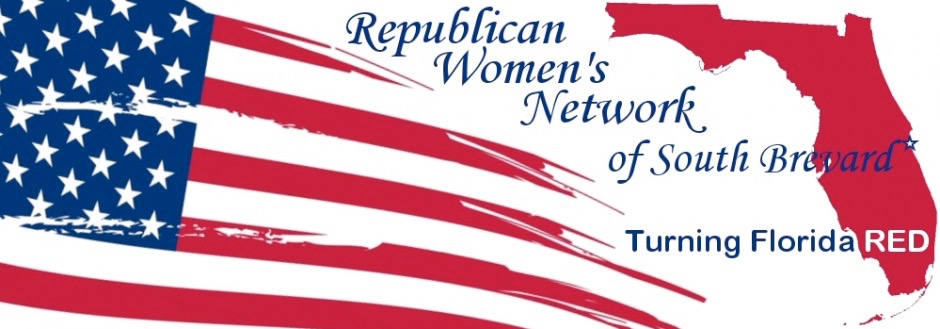
APPLICATION FOR MEMBERSHIP

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)

Membership dues are $25; Associate Membership dues are $15.

Women and men who are members of another Republican club, as well as elected officials, are eligible for an Associate membership. An Associate member may not vote, nor hold a position on the Board of Directors.

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