



2021 APPLICATION FOR MEMBERSHIP

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City / State / Zip Code: \_\_\_\_\_

Primary Phone #:(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (Please circle one): home /mobile /work

Alternate Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (Please circle one): home /mobile /work

Email: \_\_\_\_\_ Birthdate (Mo/Day): \_\_\_\_/\_\_\_\_/\_\_\_\_

I am applying for (Please check one):  
Full Membership \_\_\_\_\_ Renewal \_\_\_\_\_ Associate: \_\_\_\_\_

**Are you a registered Republican? (Please circle one): Y / N**

~\$25 annual membership dues for new and renewing members~

Men and women who are officers of another Republican club or who are elected officials are eligible for an Associate Membership. Associate membership is a non-voting membership. Annual dues for an Associate Membership are \$15.

Annual dues include memberships in: The Republican Women's Network of South Brevard, The Florida Conservative Women's Network and the National Republican Women's Network.

Send this completed application with your check made out to RWNSB to our club Treasurer:

Helen Voltz  
778 Wyeth Street  
West Melbourne, FL 32904

Your signature below indicates your verification of the above information:

\_\_\_\_\_  
Signature

For Office Use Only: Method Received: \_\_\_\_\_ by Hand / \_\_\_\_\_ by Mail Date Received: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Method of Payment: \_\_\_\_\_ check / \_\_\_\_\_ cash Amount: \$\_\_\_\_\_