 2023 APPLICATION FOR RWNSB MEMBERSHIP

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

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

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State:\_\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_

Primary Phone #: (\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_

Alternate Phone #: (\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birthdate (Month/Day): \_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_

Other Republican club(s) you belong to:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Military Service: \_\_\_\_\_\_Self/ \_\_\_\_\_\_Spouse/ \_\_\_\_\_\_Child/

\_\_\_\_Active/ \_\_\_\_Retired/ \_\_\_\_Previous/ Branch\_\_\_\_\_\_\_\_\_\_\_\_\_\_/ Rank\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I am applying for:** *(please* c*heck one*)

\_\_\_\_\_\_ **Full Membership** – Annual membership for new and renewing members is **$25.00**

\_\_\_\_\_\_ **Associate Membership** – Annual membership for women officers of another Republican club, elected officials, and men. This is a non-voting membership. **$15.00**

\_\_\_\_\_\_Check here if you would like to purchase a **Name Badge** + **$10.00**

How your Name Badge should read: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ Check here if you are interested in **serving on a** **committee** such as the nominating committee or any standing committee called forth by the President and Executive Board as needed.

My signature certifies that I am a Registered Republican and gives my permission to be listed in the membership directory and receive email notifications and other communications from RWNSB.

Disclaimer of Liability: Your participation and attendance in activities of RWNSB are at your sole risk and neither RWNSB nor any member will be responsible.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please make checks payable to RWNSB and return to:**

RWNSB Attn: Ginny Jacobsen 3061 Blackbird Ct. Melbourne, FL 32935

Meetings: 3rd Thursday, Hilton on the Beach Indialantic, FL

Website: www.rwnsb.org