2021 APPLICATION FOR MEMBERSHIP

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

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

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

Primary Phone #:(\_\_\_\_) \_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_ (*Please* c*ircle one):* home /mobile /work

Alternate Phone #: (\_\_\_\_\_\_) \_\_\_\_\_\_-\_\_\_\_\_\_\_(*Please* c*ircle 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