



**Summit County Republican Women
Summit County, Colorado
2020 Membership Form***

Name (Member _____ (Spouse) _____)

Address (Street) _____ (Mailing) _____

City/State/Zip _____

Phone (h) _____ (c) _____

Email _____ Birthday (m/d) _____

Dues: _____ \$40 Regular Member _____ \$20 Associate Member

I am available to serve as an _____ Officer, _____ Committee Chair or
_____ Committee Member, _____ Other _____

(I am a Registered Republican and endorse the bylaws and objectives and of SCRW (Summit County Republican Women), CFRW (Colorado Federation of Republican Women) and NFRW (National Federation of Republican Women.)*

Signature: _____ Date: _____

(Please make your check payable to SCRW and return this form with your check to:)

Barb Tabb, Treasurer
P. O. Box 4712
Breckenridge, CO 80424
720-291-2854