

Lee Republican Women Federated 2010 Membership Form

PLEASE PRINT ALL INFORMATION

Date _____

Name _____

Address _____

Phone # _____

E-Mail Address _____

Renewal _____ New Member _____ Voting Precinct _____

Birthday (Month and Day) _____

Membership Types: (Please read carefully before selecting type of membership)

_____ \$50.00 Sponsor (Full member with voting privileges with \$25 donation)

_____ \$35.00 Patron (Full member with voting privileges with a \$10 donation)

_____ \$25.00 Full (Full member with voting privileges)

_____ \$15.00 Associate (Member of another Republican women's club (Federated, Network, or RPOF affiliated) and Republican men. No voting privileges)

_____ \$5.00 Student (Student attending college. No voting privileges.)

By signing this application, I certify I am a registered Republican.

X _____

Signature of applicant.

I would like to get involved! I'm interested in the following committees: (Please circle)

Fundraising Legislation Newsletter Reservations Publicity Hospitality Bylaws
Community Outreach

Voter Registration Membership MELP/Book Chat Web Site Republican Headquarters
Chaplin Historian

Programs Caring for America Achievement

Please mail completed application and check to LRWF Po Box # 61964 Fort Myers, FL 33906-1964 or bring along to a meeting.

