



Membership Application

Last Name: _____ **First Name:** _____
Street/Apt.: _____
City/State/Zip: _____
Email: _____ **Home Phone:** _____
Cell Phone: _____ **Fax Number:** _____
Birthday: _____ **Spouse's Name:** _____
Precinct#: _____

Please check one:

- Active Membership** (\$35 per year, can vote and hold office)
- Associate Membership** (\$25 per year - open to men and women. Women Associate Members *must* be an active member in another National Federation of Republican Women's club. Please note the club of your active membership, if applicable: _____)

Please check one:

- New Membership** - Check # _____ Other method of payment: _____
- Renewal Membership** - Check # _____ Other method of payment: _____

I AM INTERESTED IN SERVING ON THE FOLLOWING COMMITTEES:

- Awards Bylaws Campaign Activities Event Volunteer Hospitality Legislature Luncheon Assistant Membership
 Photographer Public Relations Social Media Telephone Ways & Means YOUR Talents or Interest? _____

I would like to receive my monthly newsletter through: **Email** **US Postal Service**

By signing this application, I certify that I am a Republican

Signature: _____ **Date:** _____

Please return application with applicable dues to:

Gayle Bennett, RWOP Membership Chair
4562 Whisperwood Drive
Collierville, TN 38017