



Membership Application

Last Name: _____ First Name: _____

Street/Apt.: _____

City/State/Zip: _____

Email: _____ Home Phone: _____

Cell Phone: _____ Fax Number: _____

Birthday (MM/DD): _____ Spouse's Name: _____

Please check one:

- Active Membership: \$35 per year - can vote and hold office. If you prefer to receive the monthly newsletter through the US Postal Service, check here . Otherwise, it will be sent by email.
- 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.
- _____ Note: Newsletter is sent by email to Associate members.

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 _____

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

Signature: _____ Date: _____

Please return application with applicable dues to:

Mary Anne Gibson, RWOP, 2nd VP Membership
8688 Pepper Bush Lane
Germantown, TN 38139