



MEMBERSHIP APPLICATION

Name _____ Birthday (optional) _____

Mailing Address _____

City/State _____ ZIP _____

Phone: Home _____ Work _____ Cell _____

Email _____

Email is our means of communication with you.



Primary Member \$50 Associate Member* \$25 New Renewal

**Women with active membership in another Federated RW club and Republican men*

Associate home club: _____

How did you find us/referred by: _____

TOTAL ENCLOSED \$ _____ Cash _____ Check# _____

Yes, I am a registered REPUBLICAN, and I will encourage support of the Republican Party and the Monterey Peninsula Republican Women Federated Club:

Signature: _____ Date _____



Please indicate your areas of interest:

Voter Registration	Campaigns	Membership Outreach	Fundraising
Legislative	Opportunity Drawing	Publicity/Media	I can help where needed

Special talents (bookkeeping, website, etc.) _____

Issues of concern to you: _____

**Please fill out, print, and sign the application.
Mail with check made to MPRWF, P.O. Box 223723, Carmel CA 93922**

Thank you for joining. See you soon!