



2019 MEMBERSHIP APPLICATION

Republican Woman's Network of South Brevard

Name: _____ Application Date: _____

Address: _____ City _____ State _____ Zip _____

Home Phone: _____ Cell Phone: _____

Birth Date (MM/YR) ___/___/___ Email: _____

I am applying for: (Please check only one, full membership reserved for Republicans only.)

Full Membership/New _____ Renewal _____ Associate Membership _____

Are you a registered Republican? Y / N (please circle one). Party affiliation will be verified.

Are you a voting member of another Club? Y/N Club Name: _____

Are you currently an Elected Official? Y/N (You may apply for Associate Membership ONLY if you are currently an elected official).

Full Membership dues are \$25.00 per year/\$20. 00 for Renewal. Woman who are members of another Network club or registered Independent are also eligible for Associate (non-voting) Membership for \$15.00. Registered male Republicans are eligible for Associate (non-voting) membership for \$15.00 (party affiliation will be verified)

Dues include membership in the Republican Woman's Network of South Brevard, and in the Statewide organization known as the Florida Woman's Political Network.

Please Send Completed Application and check made out to **RWNSB** and send to:

Helen Voltz, RWNSB Treasurer, 778 Wyeth Street, W. Melbourne, FL 32904

By signing this application, you are verifying the above information is true.

Applicant's Signature: _____