

# COASTAL FEDERATED REPUBLICAN WOMEN

## Application for membership

Last Name: \_\_\_\_\_ First: \_\_\_\_\_

DOB: \_\_\_\_\_ Preferred name on nametag: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Membership Type: STILETTO \$150 \_\_\_\_ ACTIVE \$50 \_\_\_\_ RENEWAL \$50 \_\_\_\_

MALE \$30 \_\_\_\_ ASSOC \$30 \_\_\_\_ IF applying for Assoc Mem - indicate which Federated Club you are active in:

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What do you feel are the most important issues/topics facing our community today?:

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What do you feel are the most important issues/topics facing our Nation today?:

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What are your talents/areas of expertise to best contribute to our organization?

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Would you be interested in: Legislation Historian Advocacy/Mentor Community Engagement

Political Action Membership Public Relations Special Events Program/Speakers

IT/Website Newsletter Campaign Activities

**BY SIGNING THIS APPLICATION, I CERTIFY I AM A REGISTERED REPUBLICAN.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Make Checks payable to: COASTAL FEDERATED REPUBLICAN WOMEN/CFRW**

**Please bring this completed and signed application and payment to the next CFRW event or mail to:**

**CFRW, 2200 N. State Street, Bunnell, FL 32110**