

LEE REPUBLICAN WOMEN FEDERATED
2017 MEMBERSHIP APPLICATION & RENEWAL FORM

Last Name _____ First Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Cell _____ Email _____

ALL MEMBERS MUST BE REGISTERED REPUBLICANS

Membership Types: (Please read carefully before selecting type of membership.)

_____ \$50.00 Sponsor (Active member with voting privileges with \$15 donation LRWF)

_____ \$35.00 Active (Member with voting privileges)

_____ \$25.00 Associate Woman Member (MUST BE A MEMBER OF ANOTHER FEDERATED CLUB)
No voting privileges. Please give name of club. _____

_____ \$25.00 Associate Republican Male (No voting privileges)

_____ \$5.00 Student (Student attending HS/College. No voting privileges.)

_____ Total Amount Due

Make checks payable to LRWF – Mail form to PO Box # 61964 Fort Myers, FL 33906-1964

If you are interested in being involved in LRWF, check your interests below.

Fundraising _____

Legislation _____

Reservations _____

Publicity _____

Hospitality _____

By Laws _____

Community Outreach _____

Voter Registration _____

Membership _____

Book Chat _____

Web Site _____

Chaplain _____

Historian _____

Programs _____

Caring for America _____

Awards _____

Photographer _____

Campaigns _____

New member applications will be effective upon application, payment of dues and approval of the Executive Board of LRWF.

By signing this application, I certify I am a registered Republican and will adhere to the policies of LRWF by supporting Republican candidates in primary, general or special elections. I will not engage in activities or derogatory conduct that is deemed unacceptable by the LRWF Executive Committee to injure the name of, or interfere with the activities of LRWF or the Republican Party.

Signature of applicant

Date _____