

REPUBLICAN WOMEN OF CAPE CORAL FEDERATED

MEMBERSHIP APPLICATION

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)

- _____ \$100.00 Founding Leaders
_____ \$50.00 Sponsor (Active member with voting privileges w/\$25 donation TO RWCCF)
_____ \$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 RWCCF - Mail form to 519 SE 26th Terrace Cape Coral, Fl 33904

If you want to be involved in RWCCF check your interests below.

- | | | |
|--------------------|--------------------------|--------------------------|
| Fundraising _____ | Community Outreach _____ | Historian _____ |
| Legislation _____ | Voter Registration _____ | Programs _____ |
| Reservations _____ | Membership _____ | Caring for America _____ |
| Publicity _____ | Book Chat _____ | Awards _____ |
| Hospitality _____ | Web Site _____ | Photographer _____ |
| Bylaws _____ | Chaplain _____ | 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 RWCCF 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 RWCCF Executive Committee to injure the name of, or interfere with the activities of RWCCF, or the Republican Party,

X _____ Date _____
Signature of applicant.