

DATE _____

**REPUBLICAN FEDERATED WOMEN
THE VILLAGES**

Membership Application

NAME _____ BIRTHDAY (mo) _____ day) _____

ADDRESS _____

ZIP _____ - _____ (please supply last 4 digits of zip code)

PHONE _____ E-MAIL _____

REGISTERED VOTER (y)/(n) _____ PARTY AFFILIATION (rep)/(ind) _____

FULL MEMBERSHIP (\$25) _____ ASSOCIATE (\$15) _____ (non-voting, full member of another FRW or a male)

INTERESTS/TALENTS _____

IS THERE AN AREA OF INTEREST OR A POSITION IN THE CLUB IN WHICH YOU MIGHT CONTRIBUTE TIME AND EFFORT?

(examples: chaplain, newsletter, bylaws, fund raising, membership, awards, campaign, historian, public relations, parliamentarian, photographer, decorations/luncheon , etc.)

**COME JOIN WITH US AS WE WORK TOGETHER
TO ELECT REPUBLICANS**

INVITE A FRIEND, SHE'LL BE GLAD YOU DID

Make checks payable to: RFWTV

**Mail to: 1311 Galindo Pl
The Villages, Fl 32159**

Questions? Call Barbara Qualls 751-1323