

NORTHWEST ORANGE REPUBLICAN WOMEN, FEDERATED

"Women Making A Difference"

MEMBERSHIP APPLICATION (revised August 2016)

Last Name _____ First Name _____ Spouse's Name _____ Precinct # _____
Street Address _____ City _____
State _____ ZIP Code + 4 Digits _____
Home Phone _____ Work Phone _____ Cell Phone _____ Fax _____
Email _____ Birthday (month + day) _____
How did you hear about our organization? _____

MEMBERSHIP TYPE: _____ New Member _____ Renewal

MEMBERSHIP LEVELS: _____ **Active Membership**—\$30.00 per year _____ ***Associate Membership**—\$20.00 per year

* Women who are associate members must be an active member in another Federated club.

* List the FFRW Club of your Active Membership _____

_____ **Male Associate Membership**—\$20.00 per year

_____ **Young Republicans/Student Associate Membership**—\$5.00 per year

SPONSORSHIP LEVELS: Includes one year of active or associate membership

_____ Platinum Eagle \$200 + _____ Gold Eagle \$100 - \$199 _____ Silver Eagle \$51 - \$99 _____ Bronze Eagle \$31 - \$50

HOW WOULD YOU LIKE TO RECEIVE THE MONTHLY NEWSLETTER?

_____ **FREE to my email address** _____ **\$10 for a hard copy by mail**

I AM INTERESTED IN SERVING ON THE FOLLOWING COMMITTEES (please check all that apply)

STANDING COMMITTEES: _____ Bylaws _____ Campaign Activities _____ Communications _____ Community Relations
_____ Finance (Ways & Means) _____ Membership _____ Legislative/CAP/Resolutions _____ Programs

SPECIAL COMMITTEES: _____ Achievement Awards _____ Adopt-A-Soldier _____ Americanism _____ Caring for America
_____ Historian/Press Book _____ MELP _____ Newsletter _____ Photographer _____ Public Relations _____ Scholarships
_____ Sunshine _____ Telephone

TOTAL AMOUNT PAID: Check _____ # _____ Cash _____ Credit Card _____

Signature on this application certifies that I am a Registered Republican. By signing this application, I also agree to abide by the By-laws and Standing Rules of NORWF, to include supporting Republicans in partisan and non-partisan races, and I have signed the Loyalty Oath.

SIGNATURE: _____ **DATE:** _____

PLEASE RETURN APPLICATION & PAYMENT TO: NORWF. P.O. BOX 56, APOPKA, FL 32704-0056

***** MAKE CHECKS PAYABLE TO: NORWF *****

WWW.NORWF.ORG