



The Delaware County

REPUBLICAN WOMEN'S CLUB

MEMBERSHIP APPLICATION

APPLICANT INFORMATION (Please print all information clearly and legibly.)

Name:		Date:	
Address:			
City:		State:	Zip Code:
Mobile Phone:	Home Phone:		Work Phone:
E-mail:			

The Delaware County Republican Women's Club may include my information in its Membership Directory:
 Please circle YES or NO

MEMBERSHIP INFORMATION (Check the appropriate box (es) or enter a custom amount.)

- Active Membership \$40
- Patron Membership \$50 or more \$_____ (Patron Membership dues may be made in any \$ amount of \$50 or more.)
- Associate Membership \$10 (Members of other Federated Republican Women's Clubs and men.)
- Scholarship Fund \$_____ (A separate check is required for scholarship donation.)

Your dues (Active and Patron only) pay for membership in the National Federation of Republican Women, the Ohio Federation of Republican Women, and The Delaware County Republican Women's Club for the period of January 1 through December 31 of the fiscal year. The Delaware County Republican Women's Club meets five times per year.

COMMITTEES

(Check the appropriate box(es) indicating your interest(s). Print the letter C on the line if you are willing to chair a committee)

- Program Committee ____ (Vice President is the chair) Membership ____ Publicity/Public Relations ____
- Ways & Means/Fundraising ____ Audit ____ Scholarship ____ Voter Outreach ____

PAYMENT & RETURN ADDRESS

(Checks payable to: The Delaware County Republican Women's Club)

Please return the completed form and membership dues to: Dana Ray, DCRWC Treasurer, 5288 Harbor Pointe Drive, Galena, OH 43021. Thank you for your interest in The Delaware County Republican Women's Club. We are very pleased to have you join us.