





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, 4898 Blue Church Rd,			

pleased to have you join us.