

LOWER CAPE FEAR REPUBLICAN WOMEN'S CLUB MEMBERSHIP FORM

Name: _____ Renewal _____ New member

Address: _____ City _____ Zip _____

E-mail: _____ Preferred phone #: _____

Occupation: _____ Employer: _____

Are you a Registered Republican _____

(if occupation is "retired" still need "employer" or "field of employment")

Please check one: ___ \$35 Full membership for Republican Women
 ___ \$15 Associate non-voting membership for Republican Men

Please make **personal** checks payable to:

LCFRWC
PO BOX 395
HAMPSTEAD NC 28443