



RWSBC

Republican Women of Southern Beaufort County – MEMBERSHIP APPLICATION

PLEASE CHECK ONE: New Membership Renewal Membership Associate Membership* ----- PLEASE PRINT

Name: _____ Mrs. Ms. Miss Other:

Mailing Address: _____ Apt: _____

Community Name: _____ City: _____ State: _____ Zip _____

Phone: Home: _____ Cell: _____ Work: _____

Email: _____ Best way to communicate: _____

Spouse Name if applicable: _____

How did you hear about us? _____

Are you interested in volunteering for a committee: Yes No? If yes, please check all that you may be interested in serving on.

Program Membership Campaign Fundraising Public Relations

Legislative Finance Caring For America Bylaws Special Events/Projects

Dues are (Check one): \$40.00 annually for FULL MEMBERSHIP _____

\$10.00 annually for ASSOCIATE MEMBERSHIP _____

***ASSOCIATE MEMBERSHIP: For young ladies and gentlemen up to age 20, college students, and also for a member’s spouse/partner who wish to become a member. Associate members may volunteer for different club activities but do not have voting rights.**

By signing this application, I agree to abide by the bylaws of the Republican Women of Southern Beaufort County, the SCFRW and NFRW.

Signature: _____ Date: _____

MAKE CHECKS PAYABLE TO: RWSC ---P.O. Box 22394 Hilton Head Island, SC 29925