



**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:RWSBC--P.O. Box 22394 Hilton Head Island, SC 29925**