



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