

REPUBLICAN WOMEN of CALIFORNIA - Fallbrook

PO Box 1328 Fallbrook, CA 92088

New ()

Renewal ()

Date _____

Membership Application

Name _____
Last First Initial Husband Birthday

_____ Address City State and Zip

Cell Phone # _____

Home Phone # _____

E-Mail _____

Name Badge Order (\$5.00 per badge)

Name _____

Name _____

Payment:

Annual dues: \$ _____

Name badges: \$ _____

Amount Paid: \$ _____

Membership Level *check one:*

Full Member \$30 Joint with Husband \$40 Cash

Ruby \$50 Diamond \$100 Check

Associate Member \$15

(Republican man or Member of another RWC club)

Transfer membership from other RWC club to this club

Name of RWC Club in which you're a full member

RWCF Scholarship Fund

I've included \$____ with my membership for our RWCF Scholarship Fund
(please note on check)

Yes, I am a registered Republican *(Signature)*
