

Republican Women of Clallam County
Application for Membership or Renewal of Membership

I am enclosing my dues for the year _____ Please mark me as a paid member or associate member of the Republican Women of Clallam County.

Please Print

Member Name: _____

Associate Member Name: _____

Mailing Address: _____

City/State/Zip: _____

Phone: _____

E-mail: _____

(Your e-mail address is for RWCC communication only, Is it alright to share with RWCC members? **Yes** ___ or **No** ___)

Membership is **\$24** a year - Associate Membership is **\$15** a year.

	Amount
Membership Fee	_____
Associate Membership Fee	_____
Other (please specify ie donation)	_____
_____ Total:	_____

As a member or associate member, I state that I am a member of the Republican Party, and agree to abide by the Bylaws of the RWCC. (Article IV – Membership – states that any person believing the principles of the Republican Party and pledging to support it's candidates and policies is eligible to become an active member of the RWCC.)

Member Signature: _____ **Date:** _____

Associate Signature: _____ **Date:** _____

Mail to: Republican Women of Clallam County
P.O. Box 808
Port Angeles, WA 98362-0140 (Or bring to next meeting)

For RWCC use Check # _____ or Cash Received _____ Date Received _____
