

REPUBLICAN WOMEN OF CLALLAM COUNTY (RWCC) MEMBERSHIP

APPLICATION OR RENEWAL OF MEMBERSHIP

Membership is \$40.00 per year. Associate Membership is \$15.00 per year.

I am enclosing my annual dues for the RWCC:

Please print:

Member name: _____

Associate Member(s) name: _____

Mailing address: _____

Phone: _____

E-mail address: _____

(email address is used for RWCC communication only; if you do not wish to have your email address shared with other RWCC members, please indicate this).

Membership Fee: _____

Associate Membership Fee: _____

Other (ie. donation): _____

Total enclosed: _____

As a member or associate member , I state that I am a member of the Republican Party, and agree to abide by the RWCC Bylaws. (Article IV – Membership – states that any person believing the principles of the Republican Party and pledging to support its 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

Payment can be made at next RWCC meeting

P.O. Box 808

Port Angeles, WA 98362-0140

RWCC use: Check # _____ Cash Received: _____ Date Received: _____