

APPLICATION FOR MEMBERSHIP OR RENEWAL OF MEMBERSHIP

REPUBLICAN WOMEN OF CLALLAM COUNTY

I'm enclosing my dues for the current year _____. Please mark me as a paid member or affiliate member of the Republican Women of Clallam County.

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Email: _____

Amount Enclosed: ___ Member \$24 ___ Affiliate \$10.

(If you are joining part way through the year, the dues are prorated for members @ \$2.00 per month for the remainder of the year.)

As a 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 its candidates and policies is eligible to become an active member of the RWCC.)

Signed: _____

(Spouses of member can be affiliate members.)

Mail to: Clallam County Republican Women
P. O. Box 808
Port Angeles, WA 98362

or bring to the next meeting.