



NEW MEMBERSHIP APPLICATION FORM



You must be a registered Republican to join. Are you a registered Republican? _____

<p>For the Year: _____</p> <p>Current Date: _____</p>

Name: _____
Spouse: _____
 (If your Spouse is applying for Associate Membership, have him fill out a separate form)

Home Phone: (____) _____ Cell Phone: (____) _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Birthday – Month: _____ Day: _____

Are you currently a member of another Nevada or National Federation of Republican Women’s club in the US? _____

If so, which one? _____

\$50.00 Dues for Regular Membership: Cash/Check #: _____ Date Paid: _____ Amt: \$ _____

Dues; January 1 through December 31 no prorating

\$25.00 Dues for *Associate Membership: Cash/Check#: _____ Date Paid: _____ Amt: \$ _____

Dues; January 1 through December 31 no prorating

(An Associate Member is one who is a regular member of another club, a spouse of one of our Regular Members or any Republican male interested in Sparks Republican Women. All Associate members are non-voting members.)

PLEASE MAIL THIS COMPLETED FORM WITH YOUR CHECK TO:

**Sparks Republican Women
P. O. Box 50354,
Sparks, NV 89435-0354**

For questions/contacts, check out our website: www.sparksrepublicanwomen.com

Cher Daniels



NEW MEMBERSHIP APPLICATION FORM

For Office Use Only

Name of New Member: _____

How Was Application Received? By Mail: _____ From Member: _____

Name of Member: Cher Daniels

Date put on Membership Roster: _____

Date put in Membership Directory: _____

Date put in Email Contacts: _____

Date ordered Name Tag: _____

Date given New Member Packet: _____

Mailed? _____ or Hand Delivered? _____

Date emailed Angela Mann to put new member name in Newsletter:
