

Republican Women of Southwest Louisiana

Associate Membership Application Form

YOU MUST BE A REGISTERED REPUBLICAN TO JOIN

PLEASE PRINT

Name: _____ Spouse name: _____

Address: _____ Apt.# _____

City: _____ State: _____ Zip: _____ Parish: _____

Cell phone: (_____) _____ Work phone: (_____) _____
Area Code Area Code

Email address: _____

Birthdate: ____/____/____ Referred by: _____

Membership Dues: (Place an X below in the blank for your member type)

Associate Member (\$20/yr.): Only for a **male** Republican or a full member of another LFRW club

____ New Member

____ Renewing Member

Payment type: Check amount: \$_____ Check #: _____ **OR** Cash amount: \$_____

Make check payable to: RWSWL.

You may mail this form with your dues check to: RWSWL, P.O. Box 754, Lake Charles, LA 70602

Committees/Interests: *Check your volunteer preferences*

____ Membership (*recruiting*)

____ Voter Registration

____ Fundraising and Event Planning

____ Door-to-Door Campaigning

____ Legislative Issues

____ Phone Bank

____ Community Service

____ Yard Signs

____ Help at Campaign HQ

SIGNATURE: _____ DATE: ____/____/____