

Republican Women of Southwest Louisiana Membership Application / Renewal Form

YOU MUST BE A REGISTERED REPUBLICAN TO JOIN

PLEASE PRINT

Name: _____ Spouse name: _____

Address: _____ Apt.# _____

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

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

Email address: _____

Birthdate: ____/____/____ Referred by: _____

Are you a member of another LFRW club? _____

RWSWLA Membership Dues: (Membership fee includes required dues paid to both the **State** and **National Federations of Republican Women** affiliated with our Club.) *Check the appropriate blank below:*

____ **New Member** (If joining Oct. 1st – Dec. 31st, **\$40**; covers membership through following year)

____ **Renewing Member** (Renewal Period is **\$40** Oct. 1st – Dec. 31st. After Dec 31st, renewal is **\$45**)

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

Make check payable to: RWSWLA.

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

Committees/Interests: Check your volunteer preferences

____ Membership (*recruiting/recording/reporting*)

CAMPAIGN WORK

____ Fundraising and Event Planning

____ Clerical or Accounting

____ Legislative Issues (*pending bills/upcoming elections*)

____ Voter Registration

____ Information Technology (*website/social media*)

____ Door-to-Door Campaigning

____ Community Service (*organization/participation*)

____ Phone Bank

____ Public Relations and Publicity (*liaison w/media*)

____ Yard Signs

____ Newsletter Production, Photography and Videography

____ Help at Campaign HQ

SIGNATURE: _____ **DATE:** ____/____/____