

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: 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*)

_____ Voter Registration

_____ Fundraising and Event Planning

_____ Door-to-Door Campaigning

_____ Legislative Issues

_____ Phone Bank

_____ Community Service

_____ Yard Signs

_____ Help at Campaign HQ

SIGNATURE: _____ DATE: ____/____/____