

Renewal
New membership

**MEMBERSHIP APPLICATION
FALLBROOK REPUBLICAN WOMEN, FEDERATED
P.O. BOX 1328, FALLBROOK, CA 92088**

Even if you are just renewing your membership, please complete this form to update our information.

Attn: Membership Committee

NAME: _____
Please Print (Last) (First) (Husband)

ADDRESS" _____
(Street) (City & Zip)

PHONE # _____ CELL # _____ E-MAIL _____

I wish to receive *The Elephant's Ear* newsletter by email

Check one of the following items:

I wish to become a Full Member of this club \$30.00 _____ or \$40.00 wife & husband _____ or **Diamond \$ 100.00** _____ or **Ruby \$50.00** _____

I wish to become an Associate Member of this club \$15.00 _____

Associate members are Republican women who are members of another Federated Republican Women's club or Republican men.

Other RWF Club Unit of which you are a member _____

I am a member of (old club name) _____ and wish to transfer my membership to this club.

My check includes \$ _____ for the Kathy Holzhausen Scholarship. (Please make a note of this donation on your check)

Prior Rep. Membership of Offices _____

I am a registered Republican: _____

(signature required)

I found out about the Fallbrook Rep. Women Federated from: _____

- I will help with:
- | | | |
|---|---|-------------------------------------|
| <input type="checkbox"/> Special Events | <input type="checkbox"/> Fund Raising | <input type="checkbox"/> Newsletter |
| <input type="checkbox"/> Telephone | <input type="checkbox"/> Board/Committee Member | <input type="checkbox"/> Computer |
| <input type="checkbox"/> Voter Registration | <input type="checkbox"/> Scholarship | <input type="checkbox"/> Other |