



P.O. Box 7635 • Wilmington, NC 28406
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LOWER CAPE FEAR REPUBLICAN WOMEN'S CLUB MEMBERSHIP APPLICATION

Name: _____

___ Renewal ___ New member

Address: _____

City _____ Zip _____

E-mail: _____

Preferred phone #: _____

Occupation: _____ Employer: _____

(if occupation is "retired" still need "employer" or "field of employment")

Are you a Registered Republican _____

Please check one: ___ \$40 Full membership for Republican Women

___ \$20 Associate non-voting membership for Republican Men

Please tell us how you learned of us: _____ Name of Member ___ NFRW/NCFRW

___ Online _____ Other

Membership contingent upon approval of the LCFRWC Board of Directors
Please make **personal** checks payable to: LCFRWC, PO BOX 7635 WILMINGTON NC 28406

Paid for by Lower Cape Fear Republican Women's Club