



Membership Application

Date _____

Name _____

As it appears on your voter registration

Nickname (if applicable)

Address * _____

City* _____ State * _____ Zip* _____

Phone _____ Email _____

If you are currently working, please provide the following information:

Occupation* _____ Employer*

If you are currently not working, please check this box: _____ Not employed* (no job title)

**(NC General Statutes require political organizations to report this information.)*

Please check one: _____ \$40 for full membership for Republican women registered in New Hanover and Pender Counties.

_____ \$20 for associate membership for Republican men registered in NC and Republican women registered in NC counties other than New Hanover and Pender.

Personal checks only payable to:

Lower Cape Fear Republican Women's Club
PO Box 7635
Wilmington NC 28406:

To pay online: Lowercapefearrepublicanwomen.com. Click on "Membership".

Please tell us how you learned of us: _____

Membership contingent upon approval of the LCFRWC Board of Directors.

*lowercapefearrepublicanwomen.com * lowercapefearrwc@gmail.com*