



Lower Cape Fear Republican Women's Club

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.)*

Are you a registered Republican in NC? _____

Check one: _____ renewal _____ new

Please check one:

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

_____ \$25 for associate membership for Republican men registered in NC and Republican women registered in NC counties other than New Hanover and Pender.

Please pay by personal check (business checks are not accepted). Mail to:

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

Please tell us how you learned of us: _____

If applicable, who is your sponsoring member: _____

Membership contingent upon approval of the LCFRWC Board of Directors.

lowercapefearrepublicanwomen.com * lowercapefearrwc@gmail.com