

Republican Women of Clifton

www.CliftonGOP.com

Application for Membership

Name: _____

Address: _____

Phone Numbers: _____ (Home) _____ (Cell)

Email: _____

Type of Annual Membership:

Primary (\$50)

Associate (\$20)

Student (\$10)

If Associate Membership, what is your primary club? _____

Interests or Special Talents: _____

Would you like to take part in a committee? _____

(By-Laws, Campaign, Fund-raising, Historian,
Hospitality, Legislation, Membership, Program)

Please mail this application and your check, made out to the Republican Women of Clifton (RWC), to:

Republican Women of Clifton (RWC)

P. O. Box 321

Clifton, VA 20124-0321