

2024 MEMBERSHIP APPLICATION



Please complete and return with payment to us at:

P.O. Box 1835, Beaufort, SC 29901-1835

WEB SITE: beaufortrepublicanwomensc.org

MEMBERSHIP: (check one)

Date: _____

NOTE: APPLICATIONS SUBMITTED ON OR AFTER 10/1 ARE EFFECTIVE UNTIL THE END OF THE FOLLOWING YEAR.

Renewal _____ **New Member** _____ **HOW DID YOU FIND US?** _____

Name: _____

Address: _____

City: _____, SC ZIP: _____

Phone: Home: _____ Work _____ Cell _____

EMAIL ADDRESS: _____

Precinct Name/Number (if known) _____

Birthday: Month _____ Day: _____

BRWC Annual Dues \$50. (Also included at no additional charge, membership in: SC Federation of RW, National Federation of RW)

PURCHASE A PERMANENT BRWC NAME TAG FOR AN ADDITIONAL \$6.

Name for tag: _____

I AM INTERESTED IN: (Please check all that interest you)

- a) Holding an office in the organization _____
- b) Helping with hospitality _____
- c) Helping with membership recruitment _____
- d) Legislation/Government _____
- e) Working as a Poll Watcher/Paid Worker _____
- f) Helping revise the BRWC Bylaws _____
- g) Specify any other interests _____

office use only:

Lists: MBSHP: _____ EMAIL: _____ NBO: _____

CK#: _____ DATED: _____ AMT: _____ BANK: _____