



4248'0 MEMBERSHIP APPLICATION

beaufortrepublicanwomensc.org

Please complete/print application (even with renewals) and return with payment to us at: P.O. Box 1835, Beaufort, SC 29901-1835

Date: _____

MEMBERSHIP: (check one)

____ **Renewal** ____ **NEW MEMBER HOW DID YOU FIND US?**

Name: _____

Address: _____

City: _____, SC ZIP: _____

Phone: Home: _____ Work: _____ Cell: _____

Email: _____

Precinct Name/Number (if known) _____

Birthday: Month: _____ Day: _____

\$50.00 BRWC Annual Dues

(Includes membership in: SC Federation of RW, and National Federation of RW)

Optional:

\$6.00 Permanent BRWC Name Tag

Name for tag: _____

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

- a) Holding an office with the BRWC
 - b) Hospitality
 - c) Membership Recruitment
 - d) Legislation/Government
 - e) Working as a Poll Watcher or Paid Worker
 - f) BRWC Bylaws Revisions
 - g) Specify any other interests: _____
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Office Use Only

Lists: MBSHP: _____ EMAIL: _____ NBO: _____

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