



4248'O EMBERSHIP 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: _____

Office Use Only

Lists: MBSHP: _____ **EMAIL:** _____ **NBO:** _____

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