2024 MEMBERSHIP APPLICATION



Please complete and return with payment to us at: P.O. Box 1835, Beaufort, SC 29901-1835

WEB SITE: beaufortrepublicanwomensc.org

MEMBERSHII	P: (check one)	Da	nte:	_
	New Member		W DID YOU FIND US?_	
Address:				_
City:		SC ZIP:		_
Phone: Home:_	W	ork	Cell	
EMAIL ADDRI	ESS:			
Precinct Name/N	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:			NBO:	_
CK#:	_DATED:	_AMT:	BANK:	