2027 MCRW MEMBERSHIP FORM

Name_____ Date_____

Mailing Address _____

City & State_____ Zip_____

Home Phone_____ Work_____ Cell_____

E-Mail_____ Birthday -- Month_____ Day____

(This is our preferred means of communication.) I do not have email ____

APPLICATION TYPE (Annual)	AMOUNT	Total
New Member	$35.00	$_____
Renewal Member	$35.00	$_____
Associate Member *Women with active membership in another Federated RW Club and Republican Men*	$20.00	$_____
Your Home Club: _____		
Nametag: Please spell my name as follows: _____	$10.00	$_____
Total Enclosed by ___Check #_____ ____Cash ____Paid by Credit Card		**$_____**

I am a registered REPUBLICAN, and I will support Republican ideals and encourage loyalty to the Republican Party.

Signature:_____

How did you find us? Referred by: _____

COMMITTEES: Please indicate any committees you would like to serve on:

___Americanism
___Armed Forces/Homeland Security
___Budget & Finance
___By-Laws
___Campaign/Volunteer Hours
___Caring for America
___Chaplain
___Club Achievement Awards
___Facebook/Communications
___Historian
___Website
___Iris Fund
___Leadership
___Legislative
___Literacy/Education
___Luncheon Reservations
___Newsletter Editor
___Parliamentarian
___Publicity/Communications
___Voter Registration
___Ways and Means
___Women in Business/Free Enterprise

SPECIAL INTERESTS:

___Campaign Activities
___Community Outreach/Service
___Fundraising
___Hospitality
___Legislative
___Membership
___Publicity/Media

List any special talents (graphics design, website, database, editing, writing, etc…)

Please complete this form and return with check payable to "MCRW."
Mail to Neisha Wolfe, 413 Lake Pointe Drive Clarksville TN 37043.