



Crystal Coast Republican Women
2023 Membership Application Form
Inspire. Impact. Empower.

Welcome to the Crystal Coast Republican Women (CCRW)! We value your membership and commitment to the Republican Party. Please complete this form and send it to our Membership Chairman, and Club 2nd Vice President.

The form may be printed and mailed to:

Shirley Redford: 534 Park Meadows Dr, Newport, NC 28570

Your membership dues will be collected once your application has been reviewed and approved by our Executive Board, pursuant to CCRW Bylaws Article III Section 1.A.1.

Meetings are held the 3rd Friday of each month - time and place to be announced.

Membership Level* (circle): Annual Associate

Name: _____ **Spouse:** _____

Address: _____
Street, City, State, Zip

Mailing Address (if different) : _____

Main Phone: _____ **Secondary Phone:** _____

Email: _____

e include your email address so you can be notified of upcoming events and receive the State and National Federation Newsletters

Job Title: _____ **Employer:** _____

This information is required by the NC State Board of Elections. "Retired" and "Self" are not accepted by NCSBE. If retired, please provide your previous employer and job title or put "Unemployed".

Notify the 2nd Vice President of any changes to the above information

Are you interested in helping on any of the following committees? Please check all that apply:

- | | | |
|---|---|--|
| <input type="checkbox"/> Americanism/Armed Forces | <input type="checkbox"/> Events & Fundraising | <input type="checkbox"/> Newsletter / Public Relations |
| <input type="checkbox"/> By-Laws | <input type="checkbox"/> Historian | <input type="checkbox"/> Parliamentarian |
| <input type="checkbox"/> Campaigns & Elections | <input type="checkbox"/> Leadership & Development | <input type="checkbox"/> Phone |
| <input type="checkbox"/> Caring for America | <input type="checkbox"/> Legislation | <input type="checkbox"/> Photography |
| <input type="checkbox"/> Chaplain | <input type="checkbox"/> Literacy & Education | <input type="checkbox"/> Volunteerism |
| <input type="checkbox"/> Distribution | <input type="checkbox"/> Membership | <input type="checkbox"/> Will Help as Needed |

Do you have any special skills or experience you would like to share? _____

*Dues are as follows: \$40 Annual, \$20 Associate, \$1,000 Club Lifetime (contact 2nd Vice President for more info)

FOR OFFICE USE ONLY

Application Received: _____ Executive Board Approval: _____ Dues Paid: _____