

2024 APPLICATION FOR CLUB MEMBERSHIP

Please print or type your information as it appears on your voter registration. Complete this form and mail it with your dues (\$40 full / \$20 associate) to our Membership Chairman, and Club 2^{nd} Vice President.

Type of Membership: Full Associa	ate	Lifetime		
First Name/Given, Middle	Last Name/Sur			
Street Address	City	State	Zip	
Mailing Address (if different)	City	State	Zip	
Primary Phone # Ema	il Address			
Job Title (required)	Employer (required)			
☐ Bylaws ☐ Historian ☐ Campaigns & Elections ☐ Leadership & Dev ☐ Caring for America ☐ Legislation ☐ Chaplain ☐ Literacy & Educa	□ Events & Fundraising □ Historian □ Leadership & Development □ Legislation □ Literacy & Education		☐ Newsletter / Public Relations ☐ Parliamentarian ☐ Phone ☐ Photography ☐ Volunteerism	
☐ Distribution ☐ Membership	Invoice	□ Will Help as N	feeded	
By submitting this application, you affirm you are a registered Republican woman in the state of North Carolina who believes in the philosophy of the Republican Party and supports the objectives and policies of the Crystal Coast Republican Women. Membership is subject to the approval of the CCRW Executive Board.		p Dues: \$40 – Full \$20 – Asso \$1,000 – L	Membership ociate Membership difetime Membership able / Non-transferrable	
Per Campaign Finance Law we cannot accept more than \$50 per person, per day, in cash donations. Should your dues total more than \$50, please pay by check or money order. For Office Use Only Application Received:	Please make checks payable to: CCRW or Crystal Coast RW As a dues-paying member of the Crystal Coast RW you are a member of the NC Federation of Republican Women and the National Federation of Republican Women. New members will receive benefits of membership once payment has been processed. Dues received after October 1st will be applied to the next year.			
Executive Board Approval: Dues Paid:	Mail application and dues to: Shirley Redford 534 Park Meadows Dr. Newport, NC 28570			