



MEMBERSHIP/RENEWAL FORM

All applicants are asked to complete this registration form. Membership runs from Jan 1st - Dec 31st, 2020

NEW MEMBERSHIP RENEWAL

SECTION 1: MEMBER CONTACT INFORMATION

NAME		Associate	
CELL #		CELL #	
HOME #		MEMBER'S ELECTED OFFICE (if applicable)	
ADDRESS			
CITY		Associate's ELECTED OFFICE (if applicable)	
ZIP			
EMAIL			
Associate EMAIL			

SECTION 2: MEMBERSHIP TYPE AND PAYMENT DETAILS

MEMBER TYPE	DESCRIPTION	MEMBERSHIP DUES (ANNUAL)	Total
FULL	Full Membership	\$30	
ASSOCIATE	Associate membership is open to men who wish to support the mission and objectives of WWRW – you have a Voice but no Vote.	\$20	

With my signature, I am certifying that I am registered to vote as a Republican.

Signature _____ Date _____

Your full membership dues include membership in Wild West Republican Women, the Kansas Federation of Republican Women, and the National Federation of Republican Women.

Make Check Payable To: **Wild West Republican Women**

Mail to: **WWRW**
P.O. Box 592
Dodge City, KS 67801

Contact Email: **WildWestRWClub@gmail.com**

Website: **WildWestRWClub.com**

How did you hear about us? Facebook _____ Member _____ if so what member _____