



MOUNT VERNON REPUBLICAN WOMEN's Club
MEMBERSHIP APPLICATION 2010

Name: _____ Husband's Name: _____

Street Address: _____

City: _____ State: _____

Nine Digit Zip Codes: _____ - _____

Telephone/ Home: _____

Work Phone: _____

Email Address: _____ FAX: _____

VOTER REGISTRATION INFORMATION: (See reverse side of voter registration card)

Congressional District _____

Senatorial District _____

Legislative District _____

Magisterial District _____

Precinct _____

Membership Status: (Check One) **New** _____ **Renew** _____

Annual Dues Payment: (Check One) _____ Regular Membership @\$27.00
_____ *Associate Membership @\$15.00

** You must be a regular member of another Federated Republican Women's Club to qualify for this rate.*

Name of Club(s) _____

Does not apply to men who wish to join as Associate Members.

I AM INTERESTED IN HELPING IN THE FOLLOWING ACTIVITIES:

- | | | |
|--------------------------------------|-------------------------|------------------|
| ____ Americanism | ____ Caring For America | ____ Programs |
| ____ Public Relations | ____ Legislation | ____ Hospitality |
| ____ Newsletter | ____ Computer Work | ____ Telephoning |
| ____ Youth Activities | ____ Community Service | ____ Fundraising |
| ____ Literacy Program | ____ Historian | ____ Photography |
| ____ Campaigns/Volunteer Coordinator | | |

Write in activity, comments or suggestions above.

Please make your check payable to: **MVRW** (Mount Vernon Republican Women) and send along with this application to:

Mrs. Susie Moss
7946 Central Park Circle
Alexandria, VA 22308-1220