

MOUNT VERNON REPUBLICAN WOMEN
MEMBERSHIP APPLICATION 2008



Name: _____ Husband's Name: _____

Street Address: _____

City: _____ State: _____ Nine Digit Zip Code: _____

Telephone / Home: _____ Work: _____

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 @\$25.00
_____ *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:

<input type="checkbox"/> AMERICANISM	<input type="checkbox"/> CARING FOR AMERICA	<input type="checkbox"/> PROGRAMS
<input type="checkbox"/> PUBLIC RELATIONS	<input type="checkbox"/> LEGISLATION	<input type="checkbox"/> HOSPITALITY
<input type="checkbox"/> NEWSLETTER	<input type="checkbox"/> COMPUTER WORK	<input type="checkbox"/> TELEPHONING
<input type="checkbox"/> YOUTH ACTIVITIES	<input type="checkbox"/> COMMUNITY SERVICE	<input type="checkbox"/> FUNDRAISING
<input type="checkbox"/> LITERACY PROGRAM	<input type="checkbox"/> HISTORIAN	<input type="checkbox"/> PHOTOGRAPHY
<input type="checkbox"/> CAMPAIGNS/VOLUNTEER COORDINATOR		

OR _____

(Write in another activity not listed above)

PLEASE MAKE YOUR CHECK PAYABLE TO **MVRW** (MOUNT VERNON REPUBLICAN WOMEN) AND SUBMIT WITH THIS APPLICATION TO:

Lera Andriani, Treasurer
9309 Craig Avenue
Alexandria, VA 22309