

CRRW



Cobb Regional Republican Women

**COBB REGIONAL REPUBLICAN WOMEN'S CLUB
New Member Application**

NAME _____

HOME ADDRESS _____

CITY _____ **ZIP** _____ **COUNTY** _____

HOME PHONE _____ **FAX** _____

CELL PHONE _____ **E-MAIL** _____

WORK ADDRESS _____

CITY _____ **ZIP** _____

WORK PHONE _____ **WORK FAX** _____

WORK E-MAIL _____

HOW WOULD YOU PREFER TO BE CONTACTED?

HOME PHONE _____ **E-MAIL** _____ **EITHER** _____ **OTHER** _____

BEST TIME TO CONTACT – Circle **AM / PM / EITHER**

COMMITTEE INTEREST – Please select one or more of the following Committees on which to participate (for more information visit www.CRRW.org):

- | | |
|-----------------------------------|---|
| 1. By Laws and Legislation | 4. Programs and Events |
| 2. Membership and Awards | 5. Communications and Publications |
| 3. Finance and Fundraising | |

MEMBERSHIP CATEGORIES – Select one

Note: Your Membership fee includes yearly dues to the Georgia and National Federation of Republican Women Organizations.

- \$35.00 Regular Membership*****
- \$20.00 Associate Membership (paid membership in another Club, or men)**
- \$10.00 Student Membership (secondary or postsecondary)**

MAKE CHECKS PAYABLE TO: Cobb Regional Republican Women

MAIL TO: CRRW, P.O. Box 3424, Marietta, GA 30061

FOR MORE INFORMATION CALL: Dee Gay, CRRW President at 770-265-4949

DUES PAID ON: _____ **\$** _____ **(Regular/Associate/Student)**