2027 AFRW Application for Membership

Last Name _____ **First** _____ (_____)
Preference for Name Tag?

Address _____
Street **City/State** **Zip**

Home Phone _____ **Cell Phone** _____

Email Address _____ **Do you prefer text or email?** _____

Birth Month _____ **Spouse's Name** _____

Are you or your spouse active or retired military? _____

Are you a candidate or an elected official? _____

How did you hear about us? _____

***Voter Registration Number** _____ ***Date of Birth** _____
***This information is used to verify voter registration and enroll in our State and National Organizations.**

MEMBERSHIPS: Active for the calendar year. Expire on Dec. 31st.

_____ **Stiletto Membership ($150)**

_____ **Renewing Stiletto Membership ($50)**

_____ **Active Membership ($50)**

_____ **Renewing Active Membership ($50)**

_____ **Associate ($35)** ***Active Membership in** _____
***Name of Federated Club / State**

_____ **Male Associate ($35)**

_____ **Step Up to Stiletto Membership ($100)**

HOW WILL YOU BE ACTIVE IN OUR CLUB? (Please circle all that apply.)
Feel free to include more information about yourself on the back of this application.

Volunteer **Awards** **Campaign Activities** **Legislative Issues**

Membership **Treasurer Assistant** **Photographer** **Social Media** **Telephone**

Mentoring **Ways and Means** **Pop Up Boutique** **Greeter**

Other Talents, Hobbies, or Interests? _____

BY SIGNING THIS APPLICATION, I CERTIFY I AM A REGISTERED REPUBLICAN.

SIGNATURE _____ **DATE** _____

Make Checks Payable to *Atlantic Federated Republican Women.*

Please return the signed application and payment to
Atlantic Federated Republican Women, PO Box 10323, Daytona Beach, FL 32120

New ____ **Renewal** ____ **Payment Amt. $**_____ **Cash** **CC** **Check #**_____