

2024 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 _____ OR *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 # _____