**Republican Women of Hall Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Membership Application**

**You are cordially invited to apply for membership to the Republican Women of Hall. Regular meetings are held the 4th Thursday of every month unless noted a location change.**

**Meeting dates and locations are also announced via Republican Women of Hall’s website at rwhall.org., email, and various platforms such as Facebook,**

**Truth Social, Rumble, X**

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| **Annual Membership Levels — Check one of the following:**  **\_\_\_\_\_\_\_\_\_** **$47 Individual membership for women.**  **\_\_\_\_\_\_\_\_\_** **$27 Open to any woman, upholds the objectives of RWH, and who holds a current Active membership in another Federated club.**  **Open to any man who upholds the objectives of the RWH Club.**  **\_\_\_\_\_\_\_\_\_** **$22 Open to any student, up to and including age 24. College students must show their College ID.** **(Associates may not vote nor hold office.)**  **\_\_\_\_\_\_\_\_\_ $20 Name Badge, please provide the name(s) as you want to appear on the badge(s)**  **Name(s) 1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Please mail application to:**  **Republican Women of Hall**  **P.O. Box 907683**  **Gainesville, GA 30501**  Upon acceptance of membership, an invoice will be mailed, or you can pay dues at a meeting. |
| **Complete the following member information. Please Print.**  **Name: Spouse/Partner:**  **Address:**  **City:**  State  **Zip**  **E-mail address: Phone:**  **Birth Date: Month/Day\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Veteran: Yes/No**  **Application: \_\_\_ Renewal \_\_\_ New Member**  **Associate Member or Student Information:**  **Name:**  **Email: Phone:**  **Birth Date: Month/Day\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Application: Renewal \_\_\_ New Member \_\_\_ Veteran: Yes/No**  By signing this form, you are giving permission for RWH to contact you by email, text and phone.  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **FOR OFFICAL USE ONLY**  Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cash: \_\_\_\_\_ Credit Card: \_\_\_\_\_\_ Check #\_\_\_\_\_\_\_\_\_\_\_\_    Received In Person: \_\_\_\_\_ By Mail: \_\_\_\_\_\_ Date of Deposit: \_\_\_\_\_\_\_\_\_\_\_\_ Amount Received: $\_\_\_\_\_\_\_\_\_\_\_\_  RWH Membership Form Rev 02/25/24  **Volunteer Opportunities Please check your volunteer interests**.  **Name of Applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Check all that apply (Required)  Americanism  Armed Services  Bylaws/Standing Rules  Campaigns and Elections  Caring for America  Chaplain  Club Achievement Awards  Fundraising  Legislation  Literacy/Education  Membership & Outreach  Parliamentarian  Program  Public Relations/Communications (Newsletter, email, Facebook, X, Rumble, Website)  Describe any other interests: ­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Page 2 | |