**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)AmericanismArmed ServicesBylaws/Standing RulesCampaigns and ElectionsCaring for AmericaChaplainClub Achievement AwardsFundraisingLegislationLiteracy/EducationMembership & OutreachParliamentarianProgramPublic Relations/Communications (Newsletter, email, Facebook, X, Rumble, Website)Describe any other interests: ­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Page 2 |