



MEMBERSHIP APPLICATION

Mailing Address: PO Box 931

Longmont, CO 80502

Online: www.longmontrepublicanwomen.org

Please complete the following information: Date _____ 2024

First Name _____ Last Name _____

Address _____ City _____ Zip _____

Home Phone _____ Cell Phone _____

Email _____ Birthday (month/day) _____

Type of Membership (circle one): Full \$50 Associate* \$10

*Associate memberships are only available to women who have full memberships in another Republican Women's Club and to men who wish to support our cause and attend events. *

____ (please initial) I am a registered Republican and agree to endorse the bylaws and objectives of the LRW (Longmont Republican Women), CFRW (Colorado Federation of Republican Women), and NFRW (National Federation of Republican Women). These are listed on their websites.

____ I do ____ I do not (please initial one) give LRW authorization to share my contact information with other LRW members and associate members.

As a member of the Longmont Republican Women's team, I would like to help in the following ways:

____ I would like to support student membership/student participation at events

____ Website ____ Newsletter ____ Phone Calls ____ Greeter ____ Invocation

____ Writing Thank You/Welcome Notes ____ Facebook Posts ____ Legislation

____ Learn About Caucus ____ Learn How to Become a Precinct Committee Person

____ Hand-count GOP and Other Elections ____ Working with Candidates

____ Becoming a Candidate ____ Fundraising ____ Writing Articles for Newsletter

____ Membership ____ Join the Boulder County Republicans ____ Other Specify

FOR THE TREASURER

Name _____ Date _____

Membership Type (circle) Full Associate

Amount (circle) \$50 \$10 How Paid (circle) cash check