



Spring Mountain Republican Women Application Form

New___ Renewal___ Full Member___ Associate Member___

PLEASE PRINT clearly Date_____

Name_____

Resident Address_____

City_____ State_____ Zip Code_____

Home Telephone_____ Cell_____

Email Address_____

Birth Month & Day_____ Referred by_____

I want to learn more about these committees to participate in our Club.

MARK in order the 3 you are interested in.

The Committee Chair will contact you with more info.

- Americanism_____
- Boutique_____
- Campaign Activities_____
- Chaplain_____
- Echo Newsletter_____
- Fundraising_____
- Historian_____
- Hospitality/Greeter_____
- Legislation_____
- Membership_____
- Parliamentarian_____
- Programs/Speakers_____
- Literacy & Education_____
- Social Media/Public Relations_____

I am including payment for

_____ \$40 Initial Full Membership or Renewal Dues

_____ \$20 Associate Membership (non-voting member)

Name of your home club if you are an Associate Member_____

_____ \$15 for Magnetic Name Badge

Name on Badge_____

You are not obligated to buy a badge... however, members are encouraged to do so. Badges MUST be paid for when ordered.

\$_____ Total Enclosed

I, _____ declare that I am a REGISTERED REPUBLICAN.

PLEASE SEND or return this completed form with your check (made payable to SMRW)

To **SMRW**
c/o Patricia Brooks
2105 Plaza Del Dios
Las Vegas, NV 89102

Questions?
Contact Patricia
702-672-5894
skysurftiger@yahoo.com

