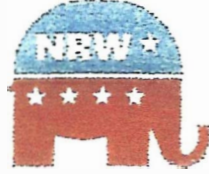


2024

NORTHEAST REPUBLICAN WOMEN (NRW)

Membership Application



For Membership VP use only:

Date Rec'd: _____

Check No.: _____

Amount _____ Badge _____

Annual Membership \$25.00 (Effective 1/1/24-12/31/24)

Name: _____

Address: _____

City / State: _____ Zip Code _____

County: _____

Home Phone: _____

Cell: _____

Birth Date (M/D): _____ Occupation (past/present): _____

If you are a new member, what name would you like on your name badge?

Please Print: _____

If you are a renewing member, when did you originally join NRW? _____

Do you have any special skills you are willing to share? (marketing, research, social media, etc.)

Are you interested in taking a leadership role in the club? _____

Are there any activities you would like to see added? _____

Please make checks payable to:

Northeast Republican Women (NRW)

c/o Kim Georgeton

11964 Britesilks Lane

Cincinnati, OH 45249

georgetons@gmail.com

This information is for internal club use only.