

Marin Republican Women, Federated



Membership Application 2010 - Marin Republican Women Federated

I am a Republican and wish to join renew with Marin Republican Women Federated

I wish to join as an Associate Member; I am a Regular Member of _____ Club

I wish to join as an Associate Member, I am a Republican Man My Birthday is (Mo/Day): _____

Name: _____ Address: _____

City/State/Zip Code: _____ Telephone: _____ Email: _____

I would like to help with: Hospitality Voter Registration Phoning Community Action Events
Computer Veterans Programs Advertise in the Newsletter Board Member Other

You may pay via **check or credit card**; we accept VISA, MasterCard, American Express or Discover

Regular Membership is \$28 per year Associate Membership is: \$20 per year

I hereby authorize MRWF to debit my credit card:

Credit Card Type: VISA MasterCard AMEX Discover

Credit Card Number _____

Expiration Date: _____ CVC Number (From Back of Card): _____

Cardholder's name as it appears on the credit card: _____

Cardholder's billing address: _____

Street Number and Name City Zip

Cardholder's Phone Number: _____

Cardholder's Signature Date Signed email address

I wish to receive the Newsletter via: Email Regular Mail Both Email/Regular Mail

The club recommends Email to minimize postage expenses

**Please mail your completed application with either your check or credit card information to:
Ilene Meyers, 2nd Vice President Membership Chair, 122 Escalle Lane, Larkspur, CA 94939**

Membership@mrwf.org

