



Puente Hills Republican Women Federated

APPLICATION/RENEWAL MEMBERSHIP FORM

FULL NAME:

ADDRESS:

CITY: ST. ZIP:

HOME PHONE: CELL: WK:

EMAIL:

BIRTHDATE:

SPOUSE:

By signing this application, I certify that I am a registered Republican.

SIGNATURE: **DATE:**

Regular Member (\$40.00) NEW MEMBER RENEWAL

Associate Member (\$20.00) **NAME:**

If you belong to another club, please list here: _____

PHRWF IS A PROUD MEMBER OF CFRW AND NFRW (STATE AND NATIONAL FEDERATIONS)

For more information or questions contact: PuenteHillsRWF@cfrw.org



What are your interests? What topics are you interested in hearing about at our meetings?

Payment CASH CHECK NUMBER _____ TOTAL \$ _____

***Dues are for the period of January - December**

**Please make check payable to PHRWF Membership
Mail to: P.O. Box 5792
Hacienda Heights, CA 91745**