



Colonial Mount Vernon Republican Women Membership

APPLICATION	
DATE:	_____
CONTACT INFORMATION	
NAME:	_____
ADDRESS:	_____
PHONE: Home	_____ Cell _____
EMAIL ADDRESS:	_____
QUESTIONS	
1) CONGRESSIONAL DISTRICT	_____
2) MAGISTERIAL DISTRICT	<input type="checkbox"/> Mount Vernon <input type="checkbox"/> Lee <input type="checkbox"/> Other _____ <small>(PLEASE SPECIFY)</small> Precinct _____
3) Have you belonged to a Republicans Women’s group before?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4) Would you be willing to serve on a committee?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5) Why are you interested in joining and what do you want/expect from the club?	_____ _____
6) Would your spouse like to join as an Associate Member (\$20)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7) May we share your contact information with other members via our membership roster?	<input type="checkbox"/> Yes <input type="checkbox"/> No
ANNUAL DUES	
<input type="checkbox"/> Member \$45 <input type="checkbox"/> Student \$25 <input type="checkbox"/> Associate* \$20 <small>(*Men and women from other Republican Women’s groups)</small>	

PLEASE MAKE CHECKS PAYABLE TO:

Colonial Mount Vernon Republican Women (CMVRW)

MAIL APPLICATION AND PAYMENT TO:

Lorri Birch, CMVRW Membership Chair
6052 Joust Lane, Alexandria, VA 22315

You can also pay online at www.colonialmountvernonrw.org