

GREATER WILLIAMSBURG REPUBLICAN WOMEN
MEMBERSHIP APPLICATION FORM FOR 2021

NAME: _____

BIRTHDAY: Month _____ Day _____

PHONE NUMBER: _____

E-MAIL: _____

ADDRESS: _____

(include zip code): _____

REGULAR MEMBERSHIP (**\$35.00**) _____

IF YOU ARE A NEW MEMBER, SHOW HOW YOUR NAME BADGE
SHOULD READ _____

MAKE CHECK PAYABLE TO: **GWRW** AND BRING TO THE LUNCHEON
OR

MAIL FORM AND CHECK TO: **GWRW**
P.O. BOX 214
LIGHTFOOT, VA 23090-0214

P.S. AS WE LAUNCH THIS NEW CLUB, ADDITIONAL DONATIONS
ARE MOST WELCOME. JUST ADD THE AMOUNT TO THE MEM-
BERSHIP DUES AMOUNT.

THANK YOU FOR JOINING US IN THIS NEW YEAR!