



Greater Williamsburg Republican Women's Club Membership Application

Date _____

Name _____

Address _____

Zip Code _____ Precinct where you vote (if known) _____

Birthday: Month _____ Day _____

Phone Number: _____

Email (please print) _____

Please print your name below as you would like it to appear on your membership badge:

Bring form to our next meeting or mail form with check to:

GWRW

P.O. BOX 214

LIGHTFOOT, VA 23090-214

Welcome! We're glad you are joining us

BADGE: Date ordered: _____ Purchased: _____ Given: _____