



Republican Women of California - El Cajon Valley

Membership Application

Annual Membership \$30.00 Associate Membership \$10.00 (husband or from another club)

Regular Member: ___ Associate: ___

Member Name : _____

Email address: _____

Address: _____

City/ Zip code: _____

Primary Phone; _____ Other Phone: _____

Name Badge: \$15.00 Print Name On Badge: _____

Which member referred you to our club: _____

Mail Check to RWCECV, C/O Noreen Burke, 712 S 2nd Street, Sp. 142, El Cajon, CA 92019

We accept Zelle



Is it ok to use your photo in our newsletter/website? Y N

Do you want reminders of meeting and events Y ___ N ___ Email ___ Text ___

We need your talents and time to help us grow stronger.

Please indicate the areas in which you might like to assist us to better serve our Club,
our community and the Republican Party:

Please Circle Your Interests

Voter Registration Membership Campaign/Precinct Ways and Means

Programs Publicity Social Media Caring for America Board Position

Newsletter Website Hospitality

Photography