



**Fresno County and City Republican
Women Federated
Membership Application**

Name_____Date_____

Mailing Address_____

City&State_____Zip_____

E-MAIL_____Phone_____

(Please print e-mail clearly and notify us of changes. This is our preferred communication.)

Make check payable to FCCRWF
Dues: \$30.00 active member
\$15.00 associate member

Active membership is for all women with FCCRWF as their primary membership.
Associate membership is for women with other Republican Women memberships, and men.
Associate women please specify your other current active membership_____

Who referred you to us?_____

For more information, please visit our website at www.fresnorepublicanwomen.org or
email us at www.fresnorepublicanwomen@reagan.com

Mail completed application and check payable to FCCRWF to:

FCCRWF
Membership Secretary
PO Box 27590
Fresno, CA 93729-7590