

**2024 Membership Application**

Your membership to the Hamilton County Republican Women’s Club includes our obligations and benefits to the Indiana Federation of Republican Women (IFRW) and the National Federation of Republican Women (NFRW). The breakdown of the fees for membership is as follows: HCRW $10, IFRW $10, NFRW $20.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Renewal Member: $40 (GOP Woman & Hamilton County Resident)

\_\_\_ Associate Member: $40 (GOP Man or Non-County GOP Woman) – fees retained locally

\_\_\_ Stars & Stripes Donor: $ \_\_\_\_\_\_\_\_\_\_ (Additional donation to the local club)

\_\_\_ New Member: Dues $40 (if referred by a current member please list member’s name)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*\*\*CONTACT INFORMATION TO BE UPDATED EACH YEAR: Please fill out**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State/Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home/Cell \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If paying by check, please make your check payable to HCRW and mail it with the application to**: Hamilton County Republican Women’s Club, Attention: Treasurer, PO Box 430, Westfield, IN 46074.

**CREDIT CARD INFORMATION: - Only Complete if you are not including a check.**

\*\* Please add an additional $3.00 for dues paid though Square to cover fees for a total of $43.00.

Credit Card Type: □ Mastercard □ Visa□ American Express □ Discover

Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expiration Month:\_\_\_\_\_\_\_\_\_\_\_\_Expiration Year:\_\_\_\_\_\_\_\_\_\_\_\_Security Code:\_\_\_\_\_\_

Cardholder’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_/\_\_\_\_/\_\_\_\_\_\_

Contact President, Adrienne Rogers with any questions at 317-797-7035 or email at [**hamcogopwomen@gmail.com**](mailto:hamcogopwomen@gmail.com). Visit our website **www.HamCoGOPWomen.org.**