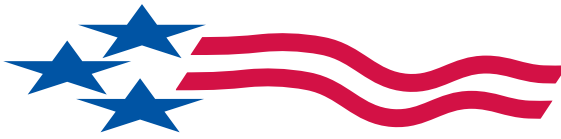


# FEDERATED REPUBLICAN WOMEN OF NASSAU



LEADING THE WAY...  
INFORM, ENCOURAGE, EDUCATE

## MEMBERSHIP RENEWAL/APPLICATION

FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_ HUSBAND'S FIRST NAME \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ CITY/STATE/ZIP \_\_\_\_\_

HOME TELEPHONE \_\_\_\_\_ BUSINESS TELEPHONE \_\_\_\_\_ FAX \_\_\_\_\_ E-MAIL \_\_\_\_\_

REFERRED BY: \_\_\_\_\_

DATE: \_\_\_\_\_

(CHECK ONE) NEW MEMBER \_\_\_\_\_ RENEWING MEMBER \_\_\_\_\_

### INTEREST SURVEY

Please contact me about volunteer opportunities in the following areas (check as many as apply )

____ Americanism	____ Arr/Planning	____ Campaign
____ Comm Relations	____ Education	____ Fundraising
____ Hostess	____ Legislation	____ Membership
____ Newsletter	____ Program	____ Telephone
____ Ways & Means	Other Interests: _____	

ENCLOSED IS MY CHECK FOR \$ \_\_\_\_\_ FOR CALENDAR YEAR 2010 PAYABLE TO FRWN

REGULAR MEMBERSHIP \$35 \_\_\_\_\_ ASSOCIATE MEMBERSHIP \$15 \_\_\_\_\_

I CERTIFY THAT I AM A REGISTERED REPUBLICAN \_\_\_\_\_  
SIGNATURE REQUIRED

**PLEASE RETURN COMPLETED FORM AND CHECK TO:**

**FRWN P.O. Box 1338, FERNANDINA BEACH, FL 32035**