



2025 SNRW MEMBERSHIP APPLICATION



PLEASE BRING COMPLETED FORM TO NEXT SNRW MEETING OR MAIL TO: PO BOX 2504 MINDEN, NV 89423

Member - \$40.00 []
Associate - \$25.00 []

YOUR NAME: _____

New Member: PLEASE complete the form below stopping after your signature.

Current Member: Review contact information on previous form and update as needed.

HOW DID YOU HEAR ABOUT SNRW? _____

Associates are Republican men, or Republican women with membership in another NFRW club. An associate may belong to more than one club, a full member may not be a member of more than one club but may be an associate in other clubs. If you belong to another Republican Women’s Club, which club? _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home or Cell Phone: _____ Email: _____

Committees/Interests: Please indicate the area/s in which you have an interest:

- Literacy Campaign Activities PR/Communications Fundraising
- Legislative Membership Americanism I can help where needed.
- Caring for America (Troop Support) Other, please specify _____

The above information will be published in our club roster and is intended for the sole use of club members. If you object, please circle “do not publish.” **DO NOT PUBLISH** []

I am a registered Republican and I will support Republican ideals and encourage loyalty to the Republican Party.

Signature: _____

PLEASE DO NOT CONTINUE BELOW THIS LINE. FOR SNRW MEMBERSHIP USE ONLY.					
Current Member Review (Member to initial current year):					
<u>Member Changes</u>	2025	2026	2027	2028	2029
No Changes					
Changes Made					
DUES PAID/YEAR (CHECK APPROPRIATE BOX BELOW):					
<u>Type of Member</u>	2025	2026	2027	2028	2029
Full Member					
Associate Member					