MEMBERSHIP APPLICATION/RENEWAL FORM	DESIRED MEMBERSHIP CATEGORY:
Name:	\$80 - Sustaining Member Provides extra support for local projects.
Address:	\$60 - Regular Member MPRWF is my primary affiliation.
Email*:	\$25 - Associate Member* MPRWF is my secondary affiliation. My primary club affiliation is:
Phone number(s):	
Birthday (month/day only):	*Associate membership is open to women who are members of another Federated Republican Women's club. Associate membership is also open
Background and interests:	to Republican men.
	\$15 - Student Member (Open to all students of either sex.)
New member	(open to an students of citaler sex.)
Renewal	Your monthly MPRWF Newsletter is sent by email.
*We do not use your email address for anything other than electronic communications from MPRWF, CFRW and NFRW.	I do not have email and need a paper copy (no charge). Please initial here:
	How did you hear about MPRWF?
I AM A REGISTERED REPUBLICAN:	From a member
	From our website
(signature required) (date)	Other

Send your dues payment through the Zelle app to MPRWFtreasurer@proton.me

print and send this form to the P.O. box below

print and send this form with your check to

MPRWF ■ **P.O.** Box 1130 ■ Belmont, CA 94002