



Membership Application- RENEWAL

West Orange Republican Women, Federated (WORWF)

"Women Strengthening Our Community"

Last Name _____ First Name _____

Street Address _____

City _____ State _____ Zip Code+4 _____

Email _____

Phone _____ Cell Phone _____

Annual Membership Levels (Membership renews in January)

- ___ \$55 Active Member (*Voting member*)
- ___ \$25 Associate Member (*Member of another NFRW club*) Home Club Name _____
- ___ \$25 Men's Associate Member
- ___ \$5 Young Republican Associate Member
- ___ \$15 WORWF Magnetic Name Badge (*Name on Badge: _____*)

★ Consider joining at the **Platinum, Gold, or Silver Membership level** to help WORWF cover operational expenses, guest speaker fees, and fundraising events. This level of membership receives preferred seating at our Club-Sponsored Special Events.

- ___ \$250 **Platinum Member** (*includes one year Active membership*)
- ___ \$200 **Gold Member** (*includes one year Active membership*)
- ___ \$150 **Silver Member** (*includes one year Active membership*)

Renewal +Badge Payment By: Cash Square Check # _____

Please make your check payable to **WORWF** and submit with your application to:
Brenda Knowles, Treasurer
P.O. Box 771341, Winter Garden, FL 34777

By signing this application, I certify that I am a registered Republican and will abide by the Bylaws and standing rules of WORWF. You will also receive by email communications our newsletters, club announcements, special events and opportunities.

Signature _____ Date _____