# 2027 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_____ **I am a Veteran?** [ ] **YES** [ ] **NO**

Phone_____ Cell Phone_____ **If yes, which Military Branch:** _____

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***Annual Membership Levels*** (Membership renews in January)

___ $55 PRIMARY Active Member (*Voting member)*
___ $25 ASSOCIATE (Non-Voting Member: Men, or *Member of another NFRW club*) Home Club Name:_____
___ $5 YOUNG REPUBLICAN ASSOCIATE (Non-Voting Member: Undergraduate/Post Graduate Level Student)
___ *$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 magnetic name badge (first-time members) & 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_____