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**WAKULLA COUNTY REPUBLICAN CLUB  
2011 MEMBERSHIP APPLICATION**



<b>*LAST NAME:</b>		<b>*FIRST NAME:</b>	
<b>*STREET:</b>		<b>*CITY:</b>	
<b>*ZIP+4:</b>		<b>COUNTY:</b>	
<b>HOME PHONE:</b>		<b>CELL PHONE:</b>	
<b>*EMAIL ADDRESS:</b>			
<b>*ITEMS ARE REQUIRED INFORMATION.</b>			
<b>OCCUPATION:</b>		<b>BIRTHDAY:</b>	
<b>SIGNATURE:</b>		<b>DATE:</b>	

***BY SIGNING THIS APPLICATION, I CERTIFY THAT I AM A REGISTERED REPUBLICAN.***

**MEMBERSHIP CLASSIFICATIONS AND DUES:**

**Member:** For all Wakulla County Republicans - \$25.00 (yearly)

**Associate Member:** For all other Republicans statewide - \$25.00 (yearly)

**PLEASE MAKE YOUR CHECK OUT TO: "WAKULLA COUNTY REPUBLICAN CLUB" AND MAIL YOUR CHECK WITH THIS APPLICATION TO: WAKULLA COUNTY REPUBLICAN CLUB, 200 Bay Pine Drive, CRAWFORDVILLE, FLORIDA 32327**

**We would love to have your participation. Indicate your interests by checking boxes below:**

<b>BYLAWS</b>	<input type="checkbox"/>	<b>HOSTESS</b>	<input type="checkbox"/>	<b>NATIONAL ISSUES</b>	<input type="checkbox"/>	<b>PROGRAMS</b>	<input type="checkbox"/>
<b>CAMPAIGN</b>	<input type="checkbox"/>	<b>LEGISLATIVE</b>	<input type="checkbox"/>	<b>NOMINATING</b>	<input type="checkbox"/>	<b>PUBLICITY</b>	<input type="checkbox"/>
<b>FUNDRAISING</b>	<input type="checkbox"/>	<b>MEMBERSHIP</b>	<input type="checkbox"/>	<b>PHOTOGRAPHY</b>	<input type="checkbox"/>	<b>TELEPHONE TREE</b>	<input type="checkbox"/>

*We are excited that you are joining us!*