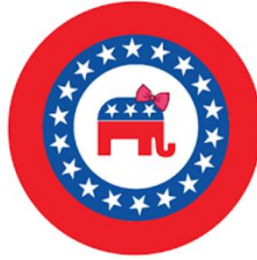


MEMBERSHIP APPLICATION



Lebanon County Council of Republican Women

Last Name _____ First Name _____

Address _____ City _____ State ____ Zip Code _____

Municipality _____ Elected/Appointed Political Position _____

Home Phone _____ Work _____ Cell _____

Email Address _____

Business or Profession _____ Title _____

Circle Special Interests

Publicity
Program
Membership

Legislative
Telephone Contact
Fundraising

Hospitality
Newsletter

Circle If You Have Any Experience

Accounting
Photography
Legal Work
Art or Graphic Design

Computer Programming
Secretarial Skills
Fundraising
Other _____

Membership in LCCRW also entitles you to membership in the PA Federation of Republican Women and the National Federation of Republican Women

Please return this completed form with your \$42.00 dues payable to LCCRW to: Maryann Cini
201 North Chestnut St. Apt 310, Palmyra, PA 17078