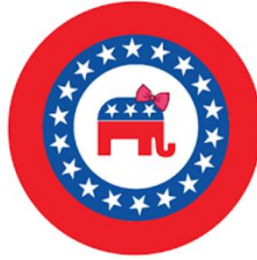


# MEMBERSHIP APPLICATION



## 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: Phylis Dryden  
2415 Guilford Street, Lebanon PA 17046  
dryden13@aol.com, 717-273-8689 or 717-507-1741