

# 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: 21 S. 9<sup>th</sup> St.,  
Second Floor, Lebanon, PA 17042  
Or call 717-926-2936 with questions