

Republican Professional Women of St. Tammany



2018 MEMBERSHIP APPLICATION

FULL MEMBER _____ \$35 /calendar year

ASSOCIATE: _____ \$15/calendar year

Club in which you are a full member _____

Paid by: Cash _____ Check Number: _____

(Please make check out "RPWST". Full Membership Dues include memberships to LFRW and NFRW)

DATE of Application: _____

BIRTHDAY (MONTH AND DATE) _____

NAME: _____

SPOUSE'S NAME, if applicable: _____

MAILING

ADDRESS: _____

CITY: _____ STATE: _____ ZIP _____

Were you recommended by an RPWST member? YES NO. If yes, members name: _____

PHONE and E-MAIL contact information:

HOME: _____

BUSINESS: _____

CELL: _____

E-MAIL: _____

AREAS OF INTEREST

MEMBERSHIP

HOSPITALITY

FUND RAISING

CAMPAIGN

PUBLICITY

VOTER REGISTRATION

LEGISLATIVE

EDUCATION

COMMUNITY SERVICE

TEEN AGE REPUBLICANS

AWARDS

NEWSLETTER

OTHER _____

OFFICER: RPWST: _____ LFRW: _____ NFRW: _____

ELECTED OFFICIAL? Position: _____ Term: _____

If we publish a DIRECTORY, may we include all information on this page? Yes No, please exclude: _____

Additional / optional information for directory:

Profession: _____

Hobbies and interests: _____

Other: _____

**Do you need a nametag? YES NO

** If YES, print name as it should appear on nametag: _____

Mail to: Donna Harvin, 3119 Grove Court, Mandeville, LA 70448 (or email to daddisonharvin@nsl.org)