

**LOUDOUN COUNTY  
REPUBLICAN WOMEN'S CLUB**



**MEMBERSHIP APPLICATION**

(Calendar Year: Jan-Dec 2026)

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**MEMBERSHIP TYPE:**

- Renewing Primary Member**     \$46/calendar year
- New Primary Member**         \$46/calendar year
- Associate Member**                 \$20/calendar year

*Associate Member: Available to Republican men, or to Republican women who are primary members of another VFRW Women's Club. VFRW Club Name: \_\_\_\_\_*

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**PLEASE COMPLETE THE FOLLOWING INFORMATION AND RETURN WITH YOUR PAYMENT:**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Town/State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ **Other Phone:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**I AM INTERESTED IN:**

- |  |   |
|--|---|
| <input type="checkbox"/> Campaign Activities/Candidate Support | <input type="checkbox"/> Legislation/Issues               |
| <input type="checkbox"/> Philanthropy                          | <input type="checkbox"/> Member Engagement                |
| <input type="checkbox"/> Special Events                        | <input type="checkbox"/> Future LCRWC Leadership Position |
| <input type="checkbox"/> Fundraising                           | <input type="checkbox"/> Other (please describe below)    |

**HOW I HEARD ABOUT THE LCRWC:** \_\_\_\_\_

**ADDITIONAL INFORMATION I WANT TO SHARE:**

\_\_\_\_\_  
\_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PLEASE MAIL YOUR COMPLETED FORM AND CHECK PAYABLE TO "LCRWC" TO:**

Loudoun County Republican Women's Club  
P.O. Box 1057  
Leesburg, VA 20177

*Contact us via email with any questions: [loudoungopwomen@gmail.com](mailto:loudoungopwomen@gmail.com)*