

**LOUDOUN COUNTY
REPUBLICAN WOMEN'S CLUB**

MEMBERSHIP APPLICATION

(Calendar Year: Jan-Dec **2027**)

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: _____

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:

_____ Campaign Activities/Candidate Support

_____ Philanthropy

_____ Special Events

_____ Fundraising

_____ Legislation/Issues

_____ Member Engagement

_____ Future LCRWC Leadership Position

_____ 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: loundougopwomen@gmail.com

www.loundougopwomen.org