



APPLICATION FOR MEMBERSHIP

NAME: _____

ADDRESS: _____

COUNTY: _____ STATE/ZIP: _____

PHONE NUMBER: _____ EMAIL: _____

DATE OF BIRTH OR VOTER ID#: _____ PRECINCT: _____

DATE YOU BECAME A REGISTERED REPUBLICAN: _____

ARE YOU DISABLED OR AN ADVOCATE FOR THE DISABLED? Y/N

IF SO, WHAT ISSUES ARE IMPORTANT TO YOU AS A DISABLED CONSERVATIVE OR ADVOCATE?

I WISH TO BECOME A MEMBER OF THE 'DISABLED REPUBLICANS OF SOUTHWEST FLORIDA'. I INTEND, TO THE BEST OF MY ABILITY, TO ATTEND REGULAR AND SPECIAL MEETINGS AND WORK TO ACCOMPLISH THE GOALS AND OBJECTIVES OF THE REPUBLICAN PARTY AND DISABLED REPUBLICANS OF SOUTHWEST FLORIDA.

MEMBERSHIP DUES ARE \$30 PER APPLICANT FOR A YEAR LONG MEMBERSHIP. YOU MUST BE A CURRENT REGISTERED REPUBLICAN RESIDING IN LEE COUNTY TO QUALIFY FOR ACTIVE MEMBERSHIP WHICH INCLUDES VOTING PRIVILEGES. ASSOCIATE MEMBERSHIPS ARE AVAILABLE TO ANY REGISTERED REPUBLICAN RESIDING OUTSIDE OF LEE COUNTY.

ANY REQUEST FOR ABSENCE FROM MEETINGS MUST BE IN WRITING PRIOR TO EACH SCHEDULED MEETING. ANY THREE UNEXCUSED ABSENCES PER YEAR COULD RESULT IN DISMISSAL FROM MEMBERSHIP.

(SIGNATURE OF APPLICANT)

(DATE)

PLEASE CALL OR EMAIL NATHAN WATT @ 419-508-2349 OR NATECWATT@GMAIL.COM FOR INQUIRIES AND FORM SUBMISSIONS.