



# Broomfield Republican Women

## 2020 Membership Application

New Member

Renewal

Name \_\_\_\_\_ DoB: \_\_\_\_\_  
(month/day only)

Spouse's (if appropriate) name to be included in Directory \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_ zip (plus 4) \_\_\_\_\_

Phone (home) \_\_\_\_\_ (cell) \_\_\_\_\_

Email \* \_\_\_\_\_

\* Please give us your email address! We need it for luncheon invitations, and messages from the President and the BRW Board. We do not share it with anyone else.

**Regular Membership: \$45** Please make your check payable to BROOMFIELD REPUBLICAN WOMEN.

**Associate Membership: \$20 each** (BRW spouse / young adult and a registered Republican). Or a full member of another CFRW / NFRW club.

Name and/or Club: \_\_\_\_\_

**YES, I AM A REGISTERED REPUBLICAN** and I agree to endorse the by-laws and objectives of the CFRW (Colorado Federation of Republican Women) and NFRW (National Federation of Republican Women).

I would like to assist with Social Media and Candidate Support.

I am interested in Fund Raising and Special Events.

I have computer skills and would like to help with the Newsletter and/or Directory.

I want to assist Republican students with membership and participation.

**Fill out and mail to:** Broomfield Republican Women / PO Box 1862 / Broomfield, Co 80038

Office Use: Total Paid \_\_\_\_\_ Cash/Check No. \_\_\_\_\_ Treasurer's Initials \_\_\_\_\_