



2024 Membership Form

DATE: _____ **Are you a registered Republican? Yes ___ No ___**

Renewing Member _____

New Member _____

Name _____

Address _____

City _____ State _____ Zip _____

Primary Phone _____ Other phone _____

Email Address: _____

How did you hear about our club? _____

DUES FOR 2024 MEMBERSHIP

Active Member: \$45 includes membership in ARW, LFRW and NFRW

Associate Members: \$25 for male Republicans and chartered members

Student: \$28 (Must be attending School)

Membership Chair Marsha Vining-Clooney
337-849-5234

Mail Membership Form to:
P.O. Box 51937
Lafayette, LA 70505

Cash _____ Check _____